Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **April 1-15**, **2006.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Previous Edition Usable
Authorized for Local Reproduction

SHARON SCHERZINGER

Type Name of Authorized Representative

Signature of Authorized Representative

THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

b. Title

CHIEF, OFFICE OF REGIONAL

AND INTERAGENCY PLANNING

c. Telephone Number

e. Date Signed

(916) 653-3362

April 14, 2006

APR-14-2006 11	.:54 DOT∕T	-PP		916 653 0001
APPLICATION FOR	3			OMB Approval No. 0348-0043
FEDERAL ASSIST		2. DATE SUBMI	TTED	Applicant Identifier 49 U.S.C.,
		April	14, 2006	CH. 53, Sections 5303 - 5306
1 TYPE OF SUBMISSION:	T T	3. DATE RECEIV		State Applicant Identifier
Application	Preapplication			
Construction	Construction	4 BATE DECEN	VED BY FEDERAL AGENCY	94-6001344-C Federal Identifier
X Non-Construction	Non-Construction		VED BY FEDERAL AGENCY	L GOOLET LITERATURE
5. APPLICANT INFORMATION	i			
Legal Name:			Organizational Unit:	
Çalifornia Department	of Transportation		Division of Transportation	n Planning
Address (give city, county, St	ate, and zip code):		Name and telephone number of pe	rson to be contacted on matters involving
P. O Box 942874, MS			this application (give area code)	Sharon Scherzinger, Chief
Sacramento, CA 9427		The second secon	Office of Regional and in	
Sacramento County	_ Industry	The state of the s	Transportation Planning.	(916) 653-3362
6. EMPLOYER IDENTIFICA	TION NUMBER (EIN).	RECEIVE	7. TYPE OF APPLICANT: (enter	appropriate letter in box)
94-6001	347	APR 1 4 2006	A State H. Indeper	A A A A A A A A A A A A A A A A A A A
8. TYPE OF APPLICATION:			1 D. C 1 Chair an	ntrolled Institution of Higher Learning
	Continuation R	TATE CLEARING H	OUSIE Municipal J. Private D. Township K. Indian]	=
New X	Congueration T Las	TOTAL	E. Interstate L. Individu	
if Revision, enter appropriate	letter(s) in box(es)		F. Intermunicipal M. Profit C G. Special District N. Other (Organization Specify)
A. Increase Award B.	Decrease Award C. Increa	se Duration	<u> </u>	
D. Decrease Duration Oth	ner <i>(specify):</i>		9. NAME OF FEDERAL AGENCY	
•			Department of Transport	
-			Federal Transit Administ	
10. CATALOG OF FEDERAL	L DOMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE TITLE OF APP	PLICANTS PROJECT:
				CO Coollen 5282
		_ 5 1 4	FY 2006 49 U.S.C., Chapt	
	ing and Research		Metropolitan Planning Pr	
12. AREAS AFFECTED BY	PROJECT (Cities, Counties	s, States, etc.):	FY 2006 49 U.S.C. Chapte	
State of California			State Planning & Resear	ch Program - \$2,390,046
13. PROPOSED PROJECT:		*		
FY 2006 OWP Progra		nia Statewide	II. Gudani	
Start Date Ending Dat	• · · · · · · · · · · · · · · · · · · ·		b. Project Statewide Transit Planni	na .
July 1, 2006 June 30, 2		• Addison to the second		TO REVIEW BY STATE EXECUTIVE
			ORDER 12972 PROCESS	,
a. Federal	\$.00		TIONIADDI IOATIONI MAR MARE
L A	14,690,	.00	a. YES. THIS PREAPPLICA	TION/APPLICATION WAS MADE STATE EXECUTIVE ORDER 12372
b. Applicant	(5	.OU	PROCESS FOR REV	
c. State	\$.00	7	•
d. Local	\$.00	DATE April 14	
	1,903,3			OT COVERED BY E. O. 12372
e. Other	\$.00	FOR REVIEW	HAS NOT BEEN SELECTED BY STATE
f. Program Income	\$	-00	17 IS THE ADDITIONAL DELINO	UENT ON ANY FEDERAL DEBT?
g. TOTAL	s	.00	- IV. IG THE ACCEDANT DECINA	
16,594,236			Yes If "Yes," attach an ex	planation X No
DOCUMENT HAS BEEN DI	ULY AUTHORIZED BY TH	E GOVERNING BODY	APPLICATION/PREAPPLICATION OF THE APPLICANT AND THE AP	ARE TRUE AND CORRECT, THE PLICANT WILL COMPLY WITH
THE ATTACHED ASSURAN		· · · · · · · · · · · · · · · · · · ·	OFFICE OF REGIONAL	c. Telephone Number
a. Type Name of Authorized		1		1 .
SMARON SCHERZINGE		AND IN	TERAGENCY PLANNING	(916) 653-3362 e. Date Signed
d. Signapune of Authorized F	representative			
				April 14, 2006
Parada and Parada and Annual A				Standard Form 424 (Rev. 7-9)

PPLICATION FOR				OMB Approval No. 0348-00 Applicant Identifier
EDERAL ASSISTAN	IÇE	2. DATE SUBMI		
			14, 2006	FY 2006 PL Overall Work Program
TYPE OF SUBMISSION:		3. DATE RECEI	VED BY STATE	State Applicant Identifier
Application	Preapplication			94-6001344-C
Construction	Construction	A DATE RECEIV	VED BY FEDERAL AGENCY	Federal Identifier
X Non-Construction	Non-Construction	4. DAIL HEGE		
APPLICANT INFORMATION				
jal Name:			Organizational Unit:	
California Department of	Transportation	·	Division of Transportat	on Planning
dress (give city, county, State	, and zip code):			person to be contacted on matters involving
P. O Box 942874, MS - 32	2	and the second s	this application (give area code)	
Sacramento, CA 94274-0	0001	TIVED	Office of Regional and	
Sacramento County	LHEC	EIVED	Transportation Plannin	g, (916) 653-3362
EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		7. TYPE OF APPLICANT: (ente	
94-60013	APR	1 4 2006		A
				pendent School Dist.
TYPE OF APPLICATION:	STATE CL	EARING HOUSE		controlled Institution of Higher Learning e University
[l	The second secon	C. Municipal J. Privat D. Township K. India	
New X C	ontinuation Revisi	UII	E. Interstate L. Indivi	dual
Revision, enter appropriate let	ter(e) in box(es)		F. Intermunicipal M. Profi	d Organization
			G. Special District N. Othe	r (Specify)
	crease Award C. Increase	Duration	9. NAME OF FEDERAL AGENC	
D. Decrease Duration Other	(specify):		Department of Transpo	
			Federal Highway Admi	nistration. Region IX
				•
				THE LANGE OF DEATH
). CATALOG OF FEDERAL D	OMESTIC ASSISTANCE	NUMBER:	11. DESCRIPTIVE TITLE OF A	PPLICANT'S PROJECT:
). CATÁLOG OF FEDERAL D				
). CATALOG OF FEDERAL D	2 0	NUMBER:	FY 2006/07 Federal Pla	nning Funds
TITLE: MPO Highway F		2 0 5	FY 2006/07 Federal Pla \$42,775,829.00 in FHW	nning Funds A PL Funds (Estimate)
TITLE: MPO Highway F Z. AREAS AFFECTED BY PR		2 0 5	FY 2006/07 Federal Pla \$42,775,829.00 in FHW FHWA Notice N 4510.5	nning Funds A PL Funds (Estimate) 99 - Revised Apportionment of
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TITLE: MPO Highway F Z. AREAS AFFECTED BY PR State of California 3. PROPOSED PROJECT:	2 0 - Planning OJECT (Citias, Countles,	2 0 5 States, etc.): DISTRICTS OF:	FY 2006/07 Federal Pla \$42,775,829.00 in FHW FHWA Notice N 4510.5	nning Funds A PL Funds (Estimate) 99 - Revised Apportionment of
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TITLE: MPO Highway F L AREAS AFFECTED BY PR State of California L PROPOSED PROJECT: FY 2006 OWP Program Left Date Lity 1, 2006 June 30, 200	Planning OJECT (Cities, Countles, 14. CONGRESSIONAL California	2 0 5 States, etc.): DISTRICTS OF:	FY 2006/07 Federal Pla \$42,775,829.00 in FHW FHWA Notice N 4510.5 FY 2006 Metropolitan F	nning Funds A PL Funds (Estimate) 99 - Revised Apportionment of Planning Funds
TITLE: MPO Highway F AREAS AFFECTED BY PR State of California PROPOSED PROJECT: FY 2006 OWP Program and Date Living 1, 2006 June 30, 2007	Planning OJECT (Cities, Countles, 14. CONGRESSIONAL California	2 0 5 States, etc.): DISTRICTS OF:	FY 2006/07 Federal Pla \$42,775,829.00 in FHW FHWA Notice N 4510.5 FY 2006 Metropolitan F b. Project Statewide Metropolitar 18. IS APPLICATION SUBJEC	nning Funds A PL Funds (Estimate) 99 - Revised Apportionment of Planning Funds
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TITLE: MPO Highway For AREAS AFFECTED BY PR State of California A. PROPOSED PROJECT: FY 2006 OWP Program Part Date Ending Date June 30, 200; ESTIMATED FUNDING: Federal	Planning OJECT (Cities, Countles, 14. CONGRESSIONAL California a. Applicant Statewide \$ 42,775,82	2 0 5 States, etc.): DISTRICTS OF: a Statewide	FY 2006/07 Federal Pla \$42,775,829.00 in FHW FHWA Notice N 4510.5 FY 2006 Metropolitan F b. Project Statewide Metropolitar 16. IS APPLICATION SUBJECT ORDER 12372 PROCESS a. YES. THIS PREAPPLIC	nning Funds A PL Funds (Estimate) 99 - Revised Apportionment of Planning Funds
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TITLE: MPO Highway For AREAS AFFECTED BY PROSTATE OF CALIFORNIA AS PROPOSED PROJECT: FY 2006 OWP Program Land Date Ending Date June 30, 200; S. ESTIMATED FUNDING: Federal Applicant State Local Cother Program Income TOTAL BEST OF MY KNOOCUMENT HAS BEEN DULTHE ATTACHED ASSURANCE Type Name of Authorized Program of Authorized Pr	Planning OJECT (Cities, Countles, 14. CONGRESSIONAL California a. Applicant Statewide \$ 42,775,82 \$ \$ 5,542,062 \$ \$ OWLEDGE AND BELIEF, Y AUTHORIZED BY THE ES IF THE ASSISTANCE	States, etc.): DISTRICTS OF: a Statewide .00 .00 .00 .00 .00 .00 .00 .00 .00 .	FY 2006/07 Federal Pla \$42,775,829.00 in FHW FHWA Notice N 4510.5 FY 2006 Metropolitan F b. Project Statewide Metropolitan 16. IS APPLICATION SUBJECT ORDER 12372 PROCESS a. YES. THIS PREAPPLICA AVAILABLE TO THE PROCESS FOR RE DATE April b. No. PROGRAM IS OR PROGRAM IS OR PROGRAM FOR REVIEW 17. IS THE APPLICANT DELIMINATION OF THE APPLICANT AND THE	nning Funds A PL Funds (Estimate) 99 - Revised Apportionment of Planning Funds T TO REVIEW BY STATE EXECUTIVE CATION/APPLICATION WAS MADE 1E STATE EXECUTIVE ORDER 12372 EVIEW ON: 14, 2006 NOT COVERED BY E. O. 12372 M HAS NOT BEEN SELECTED BY STATE NQUENT ON ANY FEDERAL DEBT? explanation. X No N ARE TRUE AND CORRECT, THE APPLICANT WILL COMPLY WITH
TITLE: MPO Highway F AREAS AFFECTED BY PR State of California A. PROPOSED PROJECT: FY 2006 OWP Program art Date Ending Date ally 1, 2006 June 30, 200 5. ESTIMATED FUNDING: Federal Applicant State Local Other Program income TOTAL B. TO THE BEST OF MY KNO OCUMENT HAS BEEN DUL HE ATTACHED ASSURANC Type Name of Authorized F SHARON SCHERZINGER	Planning OJECT (Cities, Countles, 14. CONGRESSIONAL California a. Applicant Statewide \$ 42,775,82 \$ \$ 5,542,062 \$ \$ OWLEDGE AND BELIEF, Y AUTHORIZED BY THE ES IF THE ASSISTANCE Representative	States, etc.): DISTRICTS OF: a Statewide .00 .00 .00 .00 .00 .00 .00 .00 .00 .	FY 2006/07 Federal Pla \$42,775,829.00 in FHW FHWA Notice N 4510.5 FY 2006 Metropolitan F b. Project Statewide Metropolitan 16. IS APPLICATION SUBJECT ORDER 12372 PROCESS a. YES. THIS PREAPPLICATION AVAILABLE TO THE PROCESS FOR RE DATE April b. No. PROGRAM IS OR PROGRAM FOR REVIEW 17. IS THE APPLICANT DELIN Yes If "Yes," attach an APPLICATION/PREAPPLICATION OF THE APPLICANT AND THE OFFICE OF REGIONAL	A PL Funds (Estimate) 99 - Revised Apportionment of Planning Funds The Planning Funds A Planning Funds B Planning Fun
TITLE: MPO Highway For AREAS AFFECTED BY PROSTATE OF CALIFORNIA AS PROPOSED PROJECT: FY 2006 OWP Program Land Date Ending Date June 30, 200; S. ESTIMATED FUNDING: Federal Applicant State Local Cother Program Income TOTAL BEST OF MY KNOOCUMENT HAS BEEN DULTHE ATTACHED ASSURANCE Type Name of Authorized Program of Authorized Pr	Planning OJECT (Cities, Countles, 14. CONGRESSIONAL California a. Applicant Statewide \$ 42,775,82 \$ \$ 5,542,062 \$ \$ OWLEDGE AND BELIEF, Y AUTHORIZED BY THE ES IF THE ASSISTANCE Representative	States, etc.): DISTRICTS OF: a Statewide .00 .00 .00 .00 .00 .00 .00 .00 .00 .	FY 2006/07 Federal Pla \$42,775,829.00 in FHW FHWA Notice N 4510.5 FY 2006 Metropolitan F b. Project Statewide Metropolitan 16. IS APPLICATION SUBJECT ORDER 12372 PROCESS a. YES. THIS PREAPPLICATION AVAILABLE TO THE PROCESS FOR RE DATE April b. No. PROGRAM IS OR PROGRAM FOR REVIEW 17. IS THE APPLICANT DELIN Yes If "Yes," attach an APPLICATION/PREAPPLICATION OF THE APPLICANT AND THE OFFICE OF REGIONAL	A PL Funds (Estimate) 99 - Revised Apportionment of Planning Funds The Planning Funds The Review By State Executive CATION/APPLICATION WAS MADE BE STATE EXECUTIVE ORDER 12372 EVIEW ON: 14, 2006 NOT COVERED BY E. O. 12372 M HAS NOT BEEN SELECTED BY STATE HQUENT ON ANY FEDERAL DEBT? EXPLANATION. IN ARE TRUE AND CORRECT, THE APPLICANT WILL COMPLY WITH C. Telephone Number (916) 653-3362

Application for	Federal Assis	tance	SF-424					Version 02
1. Type of Submis	sion:	- 2. Typ	se of Application:	· If Re	ision, select appropri	ate letter(s):		
Prespulication		✓ New	,				7	6
Application		☐ Con	tinuation	* Other	(Specify)			
Changed/Correct	ed Application	☐ Revi	noia					
* 3. Date Received:		4. Appil	cant Identifier:		1			-
Completed by Grants.gov	upon submission.					***		
5a. Federal Entity (de	entifier:			- 5b	Federal Award Ider	tifler:	→	••••
State Use Only:								
6. Date Received by	State:		7. State Application		fer:			- I
8. APPLICANT INFO	PRMATION:	.,		-,	A constitution of the cons		RECEIVED	
a. Legal Name: P	ARKS AND RECR	EATION,	CA DEPT OF		0.37 - 0.		APR 1 4 2006	1
* b. Employer/Taxpay	yer Identification N	nwper (E	IN/TIN):	- c.	Organizational DUN	S;	The state of the s	
68-0303603					70807		STATE CLEARING HOUS	SE
d. Address:								ALPRAME STOP
* Street1;	301 Caspian Way	/	V Bue.	-		****	предоставляний предоставлений предоставляний предос	
Street2;				=: ====				
* City:	Imperial Beach							J
County;	San Diego			=: ====				
* State:	V., V.,				CA: California			
Province:				T. ====				· ··
^ Country:			U	S. V: U1	NITED STATES	A. M. W.		
* Zip / Postal Code:	91932			-1. 4.*		, , , , , , , , , , , , , , , , , , , ,		
e. Organizational U	nit:							
Departmen: Name:			V	Divis	ion Name:			
	N/A	•						
f. Name and contact	information of p	erson to	be contacted on m	aiters	nvolving this app	lication:		
Prefix: Mr.			* First Name	: Cla	11			
Middle Naπ e:								
Last Name: Phillip	98			=: ='			T 1940	
Suffix:			•	_,				
Title: Resurve Manag	ger	4411		=; ===;				
Organizational Affiliation	on:			=; ====				
					- No. of the last			
* Telephone Number;	619-575-3615		100	===	Fax Number:	619-575-691	3	<u> </u>
* Email: cphillip@pa	arks.ca.gov			===		3.0 3/3-03/		
		***	* * * * * * * * * * * * * * * * * * * *	=; ===	1,			

Application for Federal Assistance SF-424		Version 02
9. Type o' Applicant 1: Select Applicant Type:		
A: Stale Go	over Iment	
Type of Applicant 2: Select Applicant Type:		
Type of Applicant 3: Select Applicant Type:		_
" Other (specify):		
* 10. Name of Federal Agency:		
National C ceanic and Almospheric Administration		
11. Catalog of Federal Domestic Assistance Number:		
11.420		
CFDA Titla:		
Coastal Zone Management Estuarine Research Reserves		
* 12. Funcing Opportunity Number:		
NOS-OCRM-2006-2000575		
Title:		
FY06 National Estuarine Research Reserve Operations		
13. Computition Identification Number:		
	9.500	
Title:		
14. Areas Affected by Project (Cities, Counties, States, etc.):		
Imperial Beach and San Diego, San Diego County, California		
Tijuana, Beja California, Mexico		
16. Desc iptive Title of Applicant's Project:		
Tijuana River NERR Management and Operations		
Attach supporting documents as specified in agency instructions.		
Add Attachments Delete Attachments View Attachments		

Application (for Federal Assistan	ce SF-424		Version 02
16. Congression	nat Districts Of:			
a. Applicant	53			b. Program/Project 51, 53
Altach an additio	onal list of Program/Project	Congressional Districts if	nt-eded	
		Add Attachment		
17. Proposed P	Project:		~-	
* a. Start [late:	07/01/2006		:	b. End Date: 12/31/2007
18. Estimated F	funding (\$):			
⁼a. Federal		300,934.00		
* b. Applicant		0.00	,	
* c. State		129,520.00		
* d. Local		0.00		
* e. Other		0.00	;	
* f. Program inc	come	0.00		
* g. TOTAI.		430,454.00		
~ 20. Is the App Yes 21. *By signing herein are true comply with an	g this application, I certify s, complete and accurate ny resulting terms if I ac	y Federal Debt? (If "Yes" (1) to the statements co to the best of my know cept an award. I am awa	ritaine	
 ✓ ""IAGREE			:	
The list of cel		, or an internet site where	y su m	ey obtain this list, is contained in the announcement or agency
Authorized Re	presentative:			
Prefix:	Mr.	* First Nam	e: Cl	E У
Middle Na ne:				
Last Narie:	Phillips		_;	
Sufflx:				
Title: Reser	ve Manager			
Telephor e Nur	mber: 619-575-3615			Fax Number: 619-575-6913
Emall: cphi	illip@parks.ca.gov		=:===	
Signature of A	uthorized Representative:	Completed by Grants.gov upo	Λιubmia	sion. Date Signed: Completed by Grantz.gov upon submission.

DRAFT

PART I - FACE SHEET

APPLICATION FOR FE	DERAL	ASSISTAN	ICE	1. TYPE OF SUBMISSION Non-Construction		
28. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):	3. DATE RECEIVED BY STATE:			STATE APPLICATION IDENTIFIER:		
01/20/06		• 1 (40) (40)	11741		,	
2b. APPLICATION ID:	4. DATE REC	EIVEO:		GRANT NUMBER:		
06SR058767	01/20/06					
S. APPLICATION INFORMATION					1 1001 11 1001 100 100 100 100 100 100	
LEGAL NAME: Assistance League of Southern Col DUNS NUMBER: 140737599	lfornia		PERSON TO BE	NTACT INFORMATION FOR I CONTACTED ON MATTERS	PROJECT DIRECTOR OR OTHER INVOLVING THIS APPLICATION (BIVA	
			NAME: Marie To	lhes		
ADDRESS (give street address, city, state and	zip code);		ĺ	IMBER: (818) 90H-5066		
8134 Van Nuys Blvd. #200 Panonem City CA 91402 - 4818			FAX NUMBER: (
I MIGHTON CITY CAT ALIGN - AN IN			•	dL ADDRESS: chs@volumet		
& EMBLOVED IDENTIFICATION AND SEC.			<u></u>		N = 2101 (MAP) (MAP) (MAP) (MAP) (MAP) (MAP)	
6. EMPLOYER IDENTIFICATION NUMBER (EII	v):		7. TYPE OF APP	LICANT:		
951641960			7h. Non-Profit	nugement Organization		
8. TYPE OF APPLICATION:		1 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	VOI VOIUNICET MAI	unRement Cittanismich	Land hence C Lucas I / V leaves how	
X NEW CONTINU	MOITA				RECEIVED	
REVISION		"" 1			APR 1 3 2006	
If Revision, enter appropriate letter(s) in box(os)):				7.1.1. 1 9 2000	
A. Increase Award B. Decrease Award	C. Increas	se Dumillan			STATE CLEARING HOUSE	
D. Decresse Duration			1			
			9. NAME OF FED	DERAL AGENCY:		
			Corporat	llon for National a	nd Community Service	
10s. CATALOG OF FEDERAL DOMESTIC ASSI	STANCE NUMB	ER: 94.002	11. DESCRIPTIVE	E TITLE OF APPLICANT'S PE	ROJECT:	
10b. TITLE: Resired and Sonior Voluntoor Progr			1	nter of Los Angeles RSVP		
				ü		
12. AREAS AFFECTED BY PROJECT (List Citie						
The Civies of Los Angeles, Glendale, Santa Clarl the County of Los Angeles, State of California.	ia, San Femando 1	Authors of the focules in				
13. PROPOSED PROJECT: START DATE: 04/0	1/06 END	DATE: 03/31/09	14. PERFORMAN	ICE PERIOD: START DATE:	04/01/06 END DATE: 03/31/09	
15. ESTIMATED FUNDING:		- ************************************	16. IS APPLICATE ORDER 12372 PE	ION SUBJECT TO REVIEW B	BY STATE EXECUTIVE	
	\$ 208,926.00		last		TON WAS MADE AVAILABLE	
b. APPLICANT	2 51,005.00		REVIE	E STATE EXECUTIVE ORDER W ON:	C 12072 I NOOLOG I ON	
c. STATE	5 0.00	Ö	DATE:	31-JAN-06		
d. LOCAL	\$ 24,997.00	0				
e. O'THER	\$ 66,612.00	0	; ; !		21 S. (28) 111 211 201 2110 2020 1110 122 2020 1110 122 2020 1110 122 2020 1110 122 2020 1110 122 2020 1110 122	
1. PROGRAM INCOME	\$ 0.00	0	3	ICANT DELINQUENT ON AN	r-m	
g, TOTAL	\$ 300,535.00	n		ES If "Yes," attach an expla	nation. X NO	
18. TO THE BEST OF MY KNOWLEDGE AND BOULY AUTHORIZED BY THE GOVERNING BOUS AWARDED.						
a. TYPED NAME OF AUTHORIZED REPRESEI	NTATIVE:	b. TITLE:		с. т	ELEPHONE NUMBER:	
Jim B. Leahy Jr.		Executive Director			18-908-5068	
				d. D.		
					1/20/06	

APPLICATION FOR					Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED	4-11-06	Applicant Iden	tifier
1. TYPE OF SUBMISSION:	D	3. DATE RECEIVED	BY STATE	State Applicat	ion Identifier
Application	Pre-application	4. DATE RECEIVED	BY FEDERAL AGEN	NCY Federal Identif	ier
☐ Construction ☐ Non-Construction	☐ Construction ☐ Non-Construction				
5. APPLICANT INFORMATION	Non-Construction				
Legal Name:			Organizational	Unit:	
California Department of Correc	tions and Rehabilitation			rtment of Corrections	and Rehabilitation
Organizational DUNS: 102938490		O Pro 13 / 2000 -	Division: Office of Legisla	ation	
Address:	HE	CEIVED			rson to be contacted on matters
Street: 1515 S Street, Room 351-North	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	D 4. 2 2222	Prefix:	application (give are First Name:	a code)
Office of Legislation	AP	R 1 3 2006	Ms.	Janine	
City: Sacramento			Middle Name D.		
County: Sacramento	STATE	LEARING HOUSE	Last Name Smalley		
State: California	Zip Code 95814		Suffix:		
Country: United States of America			Email: Janine.Smalley	@cdcr.ca.gov	
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number		Fax Number (give area code)
68-0283779	1		(916) 445-4737		(916) 323-0902
8. TYPE OF APPLICATION:			7. TYPE OF AF	PPLICANT: (See bac	k of form for Application Types)
Nev If Revision, enter appropriate lett		n 🔲 Revision	A. State		
(See back of form for description		П	Other (specify)		
Other (specify)	اسا		Department of	EDERAL AGENCY: Justice, Bureau of Jus	
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTANC	CE NUMBER:	1	IVE TITLE OF APPLI	
		16-606	State Criminal Federal Fiscal	Alien Assistance Prog	gram (SCAAP)
TITLE (Name of Program):			i ederari iscar	16ai 2000	
12. AREAS AFFECTED BY PR	OJECT (Cities, Countie	s, States, etc.):			
N/A					
13. PROPOSED PROJECT				SIONAL DISTRICTS	
Start Date:	Ending Date:		a. Applicant Statewide		b. Project Statewide
N/A 15. ESTIMATED FUNDING:	N/A			ATION SUBJECT TO	REVIEW BY STATE EXECUTIVE
		00	ORDER 12372		N/APPLICATION WAS MADE
a. Federal \$		101,000,000	a. Yes. KLI AV	AILABLE TO THE ST	ATE EXECUTIVE ORDER 12372
b. Applicant \$.00	PR	OCESS FOR REVIE	won .2006
c. State \$.00	DA	TE: UMM 11	. XUU6
d. Local \$.00	b. No. 11.11		VERED BY E. O. 12372
e. Other \$	0.0000000000000000000000000000000000000	. 00	FO FO	R REVIEW	OT BEEN SELECTED BY STATE
f. Program Income \$			17. IS THE AP	PLICANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL \$		101,000,000	1	attach an explanatio	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY	APPLICATION/PRE OF THE APPLICAN	APPLICATION ARE T AND THE APPLICA	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE
a. Authorized Representative	First Name			Middle Name	
Prefix Mr.	Dean			L. Suffix	
Last Name Borg					
b. Title Chief, Office of Legislation				c. Telephone Numbei (916) 445-4737	(give area code)
d. Signature of Authorized Repr	esentative	en le B	Bene	e. Date Signed	LNo
<u></u>	yco	yvi ce	2	471	Standard Form 424 (Rev 9-2003

Previous Edition Usable Authorized for Local Reproduction Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE	2. DATE SUBM	NITTED	Applicant Identifier		
SF 424 (R&R)	3. DATE RECE	IVED BY STATE	State Application Identifier		
1. TYPE OF SUBMISSION Pre-application Application	4. Federal Ide	ntifier			
Changed/Corrected Application					
5. APPLICANT INFORMATION		* Organizational D	uns: 1698254400000		
* Legal Name: SynDiTec Inc.					
Department	Division:				
* Street1: 10525 Foothill Ave	Street2:	RECEIVED	* State: CA * ZIP Code: 95020		
* City: Gilroy Co * Country: USA	unty:	APR 1 2 2006	* State: CA * ZIP Code: 95020		
Person to be contacted on matters involving this applica	ation	ATE CLEARING HOUSE			
Prefix: *First Name:	Middle NameST	ATE CLEATING	t Name: Suffix:		
Mr. Harry	Communication of the Communica	Rodr	guez		
* Phone Number: 4086230122	ax Number:	1	Ernail: harry@synditec.com		
8. * EMPLOYER IDENTIFICATION (EIN) or (TIN):		7. TYPE OF APPLICANT:			
710969838			O: Small Business		
8. * TYPE OF APPLICATION: V New		Other (Specify):	(Business Organization Type		
Resubmission Renewal Continuation	Revision	Women Owned	Socially and Economically Disadvantaged		
If Revision, mark appropriate box(es).		9. * NAME OF FEDERAL AG	ENCY:		
A. Increase Award B. Decrease Award C. II	ncrease Duration	Chicago Service Center			
D. Decrease Duration E. Other (specify)		10. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE NUMBER:		
* Is this application being submitted to other agencies	? Yes No√	81.049			
What other Agencies?		TITLE: Office of Science Financial Assistance Program			
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJE	CT:				
Digital Sliding Mode Control, HB LED driver solution					
12. * AREAS AFFECTED BY PROJECT (cities, count San Jose, Gilroy, and Califorina	ties, states, etc.)				
13. PROPOSED PROJECT:	•	14. CONGRESSIONAL DIST	RICTS OF:		
* Start Date * Ending Date	·	a. * Applicant	b. * Project		
10/01/2006 10/01/2008		CA-011	US-ail		
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGAT			st Name: Suffix:		
Prefix: * First Name: Dr. Anatoly	Middle Name:		st Name: Suffix: ynberg PhD		
Position/Title: Chief Technical Officer	* Organizati				
Department:	Division:				
* Street1: 10525 Foothill Ave	Street2:				
* City: Gilroy	ounty:	I	* State: CA * ZIP Code: 95020		
* Country: USA	h				
* Phone Number: (408)448-3100	Fax Number: (40	08)448-4300	Email: ashteynberg@sbcglobal.net		

OMB Number: 4040-0001

Expiration Date: 04/30/2008

SF 424	(R&R) APPLI	CATION FOR FED	ERAL ASSIST	ANCE Page 2				
16. ESTIMATED PROJECT FUNDING			17.	17.* IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?				
	ated Project Funding	750,000.00	a. Y	THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:				
), * Total Federa	al & Non-Federal Funds	750,000.00		ATE: 04/13/2006				
. * Estimated F	Program Income	32,250.00		TO 100 MINE AND THE PARTY OF A 122721 OF				
			b. N	PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW				
resulting criminal, o	terms if I accept an aw civil, or administrative	penalties. (U.S. Co	ide, Title 18, Sec	a list, is contained in the announcement or agency specific instructions.				
•	First Name:	Mi	ddle Name:	* Last Name: Suffix:				
Mr.	larry			Rodriguez				
* Position/Title	: Chief Executive Office	r	* Organization:	SynDiTec inc.				
Department			Division:					
* Street1:	10525 Foothill Ave		Street2:					
* City: Gilro	У	Count	y:	* State: CA * ZIP Code: 95020				
* City: Gilro	USA	Count	y:	* State: CA * ZIP Code: 95020				
	USA		umber:	* State: CA * ZIP Code: 95020 * Email: harry@synditec.com				
* Country:	USA	Fax N	umber:	State. Ox				

OMB Number: 4040-0001

Expiration Date: 04/30/2008

APPLICATION FOR FEDERAL ASSISTANCE	100 100 100	2. DATE SUBMITTED		Applicant Ide	Version 7/
1. TYPE OF SUBMISSION:		3. DATE RECEIVED B	Y STATE	State Applica	ation Identifier
Application	Pre-application	4. DATE RECEIVED B	V EEREBAL AC	ENCY Federal Iden	thar
Construction	Construction		I LEDEKAT AG	ENCY Pederal Iden	
Non-Construction 5. APPLICANT INFORMATION	Non-Construction				
Legal Name:			Organization	al Unit:	
City of Berkeley, California			Department: Housing Department	artment	
Organizational DUNS: 076529924			Division:		
Address:					erson to be contacted on matters
Street: 2180 Milvia Street			Prefix:	First Name:	ea code)
Class	V - 1		Mr.	Roger	10 340
City: Berkeley			Middle Name		
County: Alameda			Last Name Asterino		
State: California	Zip Code 94704		Suffix:	Avie	(L ^{a *} Li ⁺ b _i) = almost .
Country: USA			Email:	berkeley.ca.us	
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):			r (give area code)	Fax Number (give area code)
94-6000299]		(510) 981-540	5	(510) 981-5450
8. TYPE OF APPLICATION:		•	7. TYPE OF A	PPLICANT: (See bac	k of form for Application Types)
∏ New If Revision, enter appropriate let		n Ki Revision	Municipal		
(See back of form for description	of letters.)	B	Other (specify)		
Other (specify)	Ш		9. NAME OF	EDERAL AGENCY:	Barriera
10. CATALOG OF FEDERAL I	OMESTIC ASSISTAN	CE NUMBER:		ent of Housing and Url	
TITLE (Name of Program): Community Development Block 12. AREAS AFFECTED BY PR City	Gratn/Brownfields Econ OJECT (Cities, Counties	1 4-2 4 6 somic Develop. (nitiative	developmeth office and con	that includes four com	Center is a \$63,000,000 ponents: low-income rental units; an and surface parking; and an
13. PROPOSED PROJECT				SIONAL DISTRICTS	OF:
Start Date: 8/01/06	Ending Date: 8/01/08		a. Applicant Ninth Congres	elonal District	b. Project Ninth Congressional District
16. ESTIMATED FUNDING:			18. IS APPLIC	ATION SUBJECT TO	REVIEW BY STATE EXECUTIVE
a. Federal \$. Out	ORDER 12372	PROCESS? HIS PREAPPLICATION	NAPPLICATION WAS MADE
b. Applicant \$		4,000,000		VAILABLE TO THE ST	WIT THE CHOCK ISSUE
c. State \$		1,767,630	- 04	YE: April 12, 2006	
d. Local \$		6.491,588 4,044,545	b. No. III PR	OGRAM IS NOT COV	/ERED BY E. O. 12372
e. Other \$		45,959,384		PROGRAM HAS NO	T BEEN SELECTED BY STATE
f. Program Income		40,000,004	17. IS THE AP	R REVIEW PLICANT DELINQUE	NT ON ANY FEDERAL DEST?
g. TOTAL \$		62,263,147	Yes If "Yes	attach an explanation	ı. 🗹 Na
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF	ALL DATA IN THIS ADD	I ICATION/DOC	ADDI ICATION ADD	DUE AND ADDRESS. THE
TTACHED ASSURANCES IF T			THE APPLICAN	T AND THE APPLICA	NT WILL COMPLY WITH THE
Authorized Representative					
Prefix Mr.	First Name Phil			Middle Name	
abi Name Kamiarz				Suffix	10
. Title City Manager,				. Telephone Number	(give area code)
. Signature of Authorized Repres	entativa			(510) 981-7000 a. Date Signed	1 12 2006
revious Edition Usable	\ 			Apri	1 12, 2006 Slandard Form 424 (Rev.9-2003)
uthorized for Local Reproduction	11/				Proprihed by OMB Circular A 400

	E	2. DATE SUBMIT	TED	Applicant Id	Versio enlifier	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVE	ED BY STATE	State Applic	State Application Identifier	
Construction	Construction	4. DATE RECEIVE	D BY FEDERAL AGENCY	Federal Idea		
Non-Construction	Mon-Constant	on _				
S. APPLICANT INFORMATIO	N					
CITY OF BERKELEY, CALIFO	NDAH A		Organizational Unit:			
Organizational DUNS:	NIAIN		Department: HOUSING DEPARTM	MENT		
076529924			Division:			
Address: Street:			Name and telephone	number of p	erson to be contacted on matt	
2180 Milvia Street			involving this application	ation (give ar First Name:	ea code)	
City: Berkeley			Mr. Middle Name	Roger		
County:	*11				4	
Nameda Nate:	7lo Code		Lasi Name Asterino		Management	
Palifornia	Zlp Code 94704		Suffix;			
Country: Nameda			Email:			
. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		Phone Number (give an	.GB.US	For Alumbar /	
94-6000299			(510) 981-5405	22 MID)	Fax Number (give area code)	
TYPE OF APPLICATION:				NT: /0	(510) 981-5450 k of form for Application Types)	
Revision, enter appropriate lettee back of form for description ther (specify)	lar/n\ in have -\	on Revision	Muncipal Other (specify)		A STATE OF THE STA	
			9. NAME OF FEDERAL U.S. Department of Hor	AGENCY:		
				ひきいりゅうかん こうか	an Dauglanmani	
TLE (Name of Program):	•	بعارت بالنارة.	11. DESCRIPTIVE TITE The Oxford Plaza and I development that include	E OF APPLIC David Brower	CANT'S PROJECT: Center is a \$69,000,000	
TLE (Name of Program): ommunity Development Block . AREAS AFFECTED BY PRO ty . PROPOSED PROJECT	Grants / Section 108 Lo	14-248	11. DESCRIPTIVE TITI The Oxford Plaza and it development that include an office and conference underground parking ga	LE OF APPLIC David Brower des four comp e facility; retai arage.	CANT'S PROJECT: Center is a \$63,000,000 onents: low-income rental units; Il and surface parking; and an	
TLE (Name of Program): DITUTO THE PROPOSED PROJECT an Date:	Grants / Section 108 Lo DJECT (Cities, Countle	14-248	11. DESCRIPTIVE TITI The Oxford Plaza and it development that include an office and conference underground parking gate 14. CONGRESSIONAL a. Applicant	LE OF APPLIC David Brower des four comp e facility; retal arage.	CANT'S PROJECT: Center is a \$63,000,000 onents: low-income rental units; Il and surface parking; and an OF: b. Prolect	
TLE (Name of Program): community Development Block AREAS AFFECTED BY PROTECT Ty PROPOSED PROJECT and Date:	Grants / Section 108 Lo	14-248	11. DESCRIPTIVE TITI The Oxford Plaza and it development that include an office and conference underground parking gas and it congressional Discourse in the congressional Discourse in th	LE OF APPLIC David Brower des four comp de facility; retail arage.	CANT'S PROJECT: Center is a \$63,000,000 onents: low-income rental units; Il and surface parking; and an DF: b. Project Ninth Congressional District	
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TLE (Name of Program): Description of Program (Name of Program): The Proposed Project of Date: The Project of Date: T	Grants / Section 108 Lo DJECT (Cities, Countle	14-248	11. DESCRIPTIVE TITI The Oxford Plaza and it development that include an office and conference underground parking get 14. CONGRESSIONAL a. Applicant Ninth Congressional Discription St. IS APPLICATION ST. ORDER 12372 PROCES	LE OF APPLICATION/	CANT'S PROJECT: Center is a \$63,000,000 onents: low-income rental units; ill and surface parking; and an DF: b. Project Ninth Congressional District REVIEW BY STATE EXECUTIVE	
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TLE (Name of Program): Description of Program (Name of Program): The Proposed Project of Date: The Project of Date: T	Grants / Section 108 Lo DJECT (Cities, Countle	1 4 = 2 4 8 can Guarantees s, States, etc.): 4,000,000 1,767,730	11. DESCRIPTIVE TITI The Oxford Plaza and it development that include an office and conference underground parking gate 14. CONGRESSIONAL a. Applicant Ninth Congressional Discription State 16. IS APPLICATION STORDER 12372 PROCESSIONAL AVAILABLE PROCESSIONAL PROCESSIONAL AVAILABLE PROCESSIONAL AVAILABLE	DISTRICTS O trict UBJECT TO I S7 PPLICATION/ TO THE STA	CANT'S PROJECT: Center is a \$63,000,000 onents: low-income rental units; il and surface parking; and an DF: b. Project Ninth Congressional District REVIEW BY STATE EXECUTIVE APPLICATION WAS MADE TE EXECUTIVE ORDER 1227	
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TLE (Name of Program): Drimmunity Development Block AREAS AFFECTED BY PROTECT and Date: D1/06 ESTIMATED FUNDING: Federal \$ Applicant \$ Cocal \$	Grants / Section 108 Lo DJECT (Cities, Countie Ending Date: 6/01/0B LEDGE AND BELIEF, UTHORIZED BY THE C	1 4 = 2 4 8 can Guarantees s, States, etc.): 4,000,000 1,767,730 6,491,586 4,044,545 45,959,284 62,263,147	11. DESCRIPTIVE TITI The Oxford Plaza and it development that include an office and conference underground parking gate 14. CONGRESSIONAL a. Applicant Ninth Congressional Discription Stock of the process of the proc	DISTRICTS OF APPLICATION AND DELINQUENT OF APPLICATION.	CANT'S PROJECT: Center is a \$63,000,000 onents: low-income rental units il and surface parking; and an DF: b. Project Ninth Congressional District REVIEW BY STATE EXECUTIV APPLICATION WAS MADE TE EXECUTIVE ORDER 12372 ON RED BY E. O. 12372 BEEN SELECTED BY STATE TON ANY FEDERAL DEBT?	
TLE (Name of Program): Drimmunity Development Block AREAS AFFECTED BY PROTECT and Date: D1/06 ESTIMATED FUNDING: Federal Applicant State Cocal Strong	Grants / Section 108 Lo DJECT (Cities, Countle Ending Date: 6/01/08	1 4 = 2 4 8 can Guarantees s, States, etc.): 4,000,000 1,767,730 6,491,586 4,044,545 45,959,284 62,263,147	11. DESCRIPTIVE TITI The Oxford Plaza and it development that include an office and conference underground parking get underground get undergr	DISTRICTS OF APPLICATION AND DELINQUENT OF APPLICATION.	CANT'S PROJECT: Center is a \$63,000,000 onents: low-income rental units; il and surface parking; and ari DF: b. Project Ninth Congressional District REVIEW BY STATE EXECUTIV APPLICATION WAS MADE TE EXECUTIVE ORDER 12372 ON RED BY E. O. 12372 BEEN SELECTED BY STATE TON ANY FEDERAL DEBT?	
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APPLICATION FOR

C NAMAMANAA

FEDERAL ASSIST	ANCE	2. DATE SUBMITTED		Applicant Identifier	VAISION NOS (DEGR. 10/20)
1. TYPE OF SUBMISSION:		April 10			
Application	Pre-application	a, DATE RECEIVED BY	SIRIE	State Application Ide	ntifier
X Construction	Construction	A PATE DECEMEND DA	deserve very	Federal Identifier	
Non-Construction	Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	, dozial identifie	
5. APPLICANT INFORM		Promote contract of the contra			F-120-B
Legal Name:	IIA I I ON			11.2	
State of Calif	rnia	HE CHIVE	Organizational		NIL
Organizational DUNS:			Department:	Fish and G	
	808322358	APR 1 0 2006	Division:	Grant Mgm	nt. & Fed. Assist. Branch
Address:	4040 11:-41-0		Name and telephi	one number of the person	to be contaced on matters involving this
Stree	1812 Ninth S	reet Control explain doc	application (give	irea code)	
0:	0	STATE CLEARING HOL		First Name:	Carolyn
City			Middle Name:		
County			Last Name:		Murata
State		Zip Code: 95814	Suffix:		
Country			E-mall: cm	<u>urata@dfg.ca.qov</u>	4.
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):		Phone Number (g	ive area code)	FAX Number (give area code)
94-1697567				6) 445-3559	(916) 445-4044
B. TYPE OF APPLICATION:					
X New	Continuation	Revision		LICANT: (See back of for	m for Application Types)
If Revision, enter appropriate lette		L Kevision	A.	State	
1					
(See back of form for description of	of lotters.)		Other (specify)		
Other (specify)			9. NAME OF F	EDERAL AGENCY:	A
					, Fish and Wildlife Service
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NUM	ARED:	14 DESCRIPT	WE TITLE OF ARRUI	Tish and wilding Service
	WEST OF NEST PRIOR	15-605	II. DESCRIPT	IVE TITLE OF APPLI	CANT'S PROJECT:
TITLE (Name of Program):	Sport Fish	Restoration Act	Motorboot	Angona Enhance	mant Charles of Free hite and many
12. AREAS AFFECTED BY PROJ			- NOLOI DOBL /	access Ennance	ment Project for Morelli Park
THE STATE OF THE PARTY OF	San Joaquin		Boat Ramp	, San Joaquin C	o <i>unty.</i>
12 DDASAGED DDA 184-	Oan Soaquin	County			
13. PROPOSED PROJECT: Start Date:			14. CONGRES	SIONAL DISTRICTS	OF:
	Ending Date;		a. Applicant		b. Project
4/00/2006		12/31/2006		3	11
15. ESTIMATED FUNDIN	IG:		16. IS APPLICAT	ON SUBJECT TO REVIE	W BY STATE EXECUTIVE ORDER 12372
a. Federal	\$	P766 000 50	17	THIS PREAPPLICA	TION/APPLICATION WAS MADE AVAILABLE
	-\frac{\psi}{	<u>\$766,036.50</u>	a, Yes.	TO THE STATE EX	ECUTIVE ORDER 12972
b. Applicant	\$		/ \	PROCESS FOR RE	EVIEWON
c. State	\$	\$255,345.50	1	DATE: ADVI	11,2006
d. Local	\$				COVERED BY E.O. 12372
e. Other	\$	1	b. No.	OR PROGRAM HAS	S NOT BEEN SELECTED BY STATE FOR
f. Program Income	\$, , , , , , , , , , , , , , , , , , ,		REVIEW	Name of the state
A CALL			17. IS THE APPLICA"	TION DELINQUENT ON ANY	FEDERAL DEBT7
TOTAL	\$	\$1,021,382.00	Yes. If "Ye	es" attach an explanation.	☐ No
18. TO THE BEST OF MY KN DULY AUTHORIZED BY THE IS AWARDED.	OWLEDGE AND BELIE GOVERNING BODY OF	E ALL DATA IN THE ABOUT			ORRECT. THE DOCUMENT HAS BEEN HED ASSURANCES IF THE ASSISTANCE
a. Authorized Representa		·	1	\	
Prefix	First Name		Middle Name		
		Felix	MINE HALLE		
Last Name		A-4	Suffix		1
b. Title		Arteaga		A	
	Chief, Grant Mami	and Fed. Assist. Branch	c. Telephone Nu	mber (give area code)	
d. Signature of Authorized	Representative	TI GO. / GUIST DIBITOR	e. Date Signed		(916) 327-0062
			Pate bigned		
revious Edition Usable		<u> </u>			



Second Program Year Action Plan Annual Action Plan includes the SE 424 and Navastive Received.

The CPMP Second Annual Action Plan Includes the SF 424 and Narrative Responses to Action Plan questions that CDBG, HOME, HOPWA, and ESG grantees must respond to each year in order to be compliant with the Consolidated Planning Regulations. The Executive Summary narratives are optional.

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mm.h	- NAME .	Man Hills.	N
100		MOD 12.1	Ш
L			-

Complete the fillable fields (blue cells) in the table below. The other items are prefilled with values from the Grantee Information Worksheet.

Illed with values nom th					
Date Submitted 05/15/2006	Applicant Identifier	Type	of Submission		
	State Identifier	Application	Pre-application		
Date Received by HUD	Federal Identifier	□ Construction	☐ Construction		
Date Vereined by HOD	is also described to the second of the secon	☐ Non Constructi			
Applicant Informati	ON				
COUNTY OF KERN		CA69029 KERN C	YTNUC		
2700 "M" Street, Suite 250	111 1111 1111	063-811-350			
0		Organizational Un	it		
Bakersfield	California	Board of Supervis	ors		
93301	Country U.S.A.	Division			
Employer Identification No	· · · · · · · · · · · · · · · · · · ·	County: Kern Cor	unty		
95-6000925		Program Year Sta	rt Date (MM/DD)		
Applicant Type:		Specify Other T	ype if necessary:		
Local Government: County		Specify Other Typ			
, ,			U.S. Department of		
Program Funding	<u> </u>	Housing a	nd Urban Development		
Catalogue of Federal Domest Areas Affected by Project(s)	ic Assistance Numbers; (cities, Counties, localiti	Descriptive Title o es etc.); Estimated	f Applicant Project(s); d Funding		
Community Developme	nt Block Grant	14.218 Entitlem	ent Grant		
The development of viable co decent housing, a suitable liv expanding economic opportu persons of low and moderate purposes pursuant to Title 1	ing environment, and nities principally for income, and other	and the 6 coopera	ommunities in Kern County ative agreement cities of City, Maricopa, Ridgecrest, achapi.		
\$CDBG Grant Amount - \$5,1	86,210 \$Additional HUI Leveraged	O Grant(s)	escribe		
\$Additional Federal Funds Le		\$Additional State Funds Leveraged			
\$Locally Leveraged Funds		\$Grantee Funds Leveraged			
\$Anticipated Program Incom	e	Other (Describe)			
Total Funds Leveraged for CI	DBG-based Project(s)	4			

COUNTY OF KERN

Home Investment Partr	erships Program	14.239 HOME		-
To provide for decent, safe, s nousing for low and moderate to expand the long-term sup housing in Kern County.	e income families and	and the 6 coope	communities in Kern Co rative agreement cities City, Maricopa, Ridgecr hachapi.	φf
\$HOME Grant Amount - \$2,1	11,018 \$Additional HUE Leveraged - \$0	Grant(s)	Describe	
\$Additional Federal Funds Le		\$Additional Sta	ate Funds Leveraged -	\$0
\$Locally Leveraged Funds - \$	60	\$Grantee Fund	ls Leveraged - \$0	
\$Anticipated Program Income	3	Other (Describe)	.
Total Funds Leveraged for	HOME-based Project	(s)		
Emergency Shelter Gra	nts Program	14.231 ESG		
The provision of quality emer essential social services, and the homeless or at risk of be	prevention services for	Metropolitan Ba Ridgecrest.	kersfield and the City of	
\$ESG Grant Amount - \$231,829	\$Additional HUD Grant \$0			
\$Additional Federal Funds Le	veraged - \$0	\$Additional Stat	e Funds Leveraged - \$0	
Locally Leveraged Funds		\$Grantee Funds	Leveraged - \$0	1
\$Anticipated Program Incom	e - \$0	Other (Describe are the value of volunteers.) - Locally leveraged fun hours contributed by	ds
Total Funds Leveraged for ES	G-based Project(s)			
Person to be contacted regar	ding this application		—————————————————————————————————————	
Barry	K.		Jung	<u></u>
Interim Director	(661)-862-5050		(661) 862-5052 - FA	X
barry@co.kern.ca.us	Grantee Website		Other Contact	Ī
Signature of Authorized Repr			Date Signed	1
olghicule of Authorized Repl	Contestive		3.3 3.3	

OMB Approval No. 0348-0043

PPLICATION FOR FEDERAL A	SSISTANCE	2. Date Submitted	Applicant Identifier
Thing of Submission		3. Date Rec'd by State	State Application Identifier
Type of Submission: pulication Preapplication			
pplication Preapplication Construction Construction	tion	4. Date Rec'd by Federal	Federal Identifier
	truction		
XNonconstructionNoncons	a action		
Applicant Information:		Organizational Unit:	
egal Name and Address:		Division of Financial Assist	ence
give city, county, state, and zip code)		Name and telephone of pers	on to be contacted on matters
State Water Resources Control	rol Board	involving this application (g	ive arca code):
1001 I Street, Sacramento C		David Kirn	
Sacramento, California 958		(916) 341-5720	
Sacramento, Camorna >50			
. Employer Identification Number (EIN)	: 680281986	7. Type of Applicant: (ente	r appropriate letter)A
. Programme			H. Independent School District
. DUNS Number: 808321913		B. County	1. State Institute of Higher Learning
Type of Application:		C. Municipal	J. Private University
X_New Revision Conti	nuxtion	D. Township	K, Indian Tribe
f Revision, enter appropriate letter(s):			L. Individual
1 Revision, enter appropriate tetter(s) 1. Increase Award B. Decrea		F. Intermunicipal	M. Profit Organization
C. Increase Duration D. Decrea		G. Special District	N. Other (specify)
	192 Tatri (frazin)		
Other (specify)		9. Name of Federal Agenc	<i>/</i> :
· ·	as Number	II S Enviror	mental Protection Agency
0. Catalog of Federal Domestic Assistar	ICC NUMBET	0, 3, <u>1</u> , , , , , , , , , , , , , , , , , , ,	
66.458	an Water	T. Descriptive Title of Ar	plicant's Project:
Fitle: Capitalization Grants for Cl	CHIL WALCE		
State Revolving Fund 1	MECENT	Providing loung and other	orms of assistance for the construction
			ilitics, the implementation of a nonpoint
12. Area Affected by Project:	Ard 1 () 20	JUD WHATCHTHOI HORINOTH PROPER	m, and development and implementation
(cities, counties, states, ctc.)	1 - 1 - 1	offestuary conservation and	management plans.
California	STATE CLEARING	HOUSE	Titutagonion passes
13. Proposed Project:	TATE ULEARING	14. Congressional District	of:
Start Date End Date	III.	Applicant:	Project:
7/1/2006 6/30/2	016	Applicant:	California - All
		16. Is the application subj	
15. ESTIMATED FUNDING:		Executive Order (EO) 123	
	የ ለረ ነውን ውጣሪ	a. YES:X This	application/preapplication was made
a. Federal	\$46,383,876	a. 1E/3,	he State EO 12372 process for
b. Applicant	\$0		no paid by 125/2 process in
c. State	\$9,276,775	review on:	Data: April 10, 2006
d. Local	\$0		Date: April 10, 2006
e. Other	.\$0		ram is not covered by EO # 12372
f. Program Income	\$0		ram has not been selected by the
			for review.
g. TOTAL	\$55,660,651	17. Is the applicant deline	uent on any Federal debt?
후		YES, attach explai	ationXNO
			ON THE PROPERTY AND AREA
18. TO THE BEST OF MY KNOWLED	OGE AND BELIEF,	ALL DATA IN THIS APPLICATI	ON/PREAPPLICATION ARE
	ENT HAS BEEN D	ULY AUTHORIZED BY THE GO	VERNING BOARD OF THE
TRUE AND CORRECT, THE DOCUM		TITH THE ATTACHED ASSURAN	ICES IF THE ASSISTANCE
TRUE AND CORRECT, THE DOCUM APPLICANT, AND THE APPLICANT	WILL COMPLY W		•
APPLICANT, AND THE APPLICANT	WILL COMPLY W	- COLOR	
APPLICANT, AND THE APPLICANT IS AWARDED.		b. Title:	c. Telephone Number
APPLICANT, AND THE APPLICANT		- COLOR	c. Telephone Number
APPLICANT, AND THE APPLICANT IS AWARDED. a. Typed Name of Authorized Represen		b. Title:	c. Telephone Number

Application for Federal Assi	stance SF-424		·		Version 02
*1. Type of Submission:	* 2. Type of Application:	" If Revision,	select appropriate	letter(s):	
Preapplication .	☑ New				
✓ Application	Continuation	* Other (Speci	fy)		
Changed/Corrected Application	Revision			DEAFINE	a town
* 3. Date Received:	4. Applicant Identifier:			· I I I I I I I I I I I I I I I I I I I	: <i>D</i>
Completed by Grants, gov upon submission.				APR 1 0 200	6
Sa. Federal Entity Identifier:		* 5b, Fede	ral Award Identifi	ier: STATE CLEARING HO)USE
				Annie Europe von geschonnen geschonnen zu der	
State Use Only:					
6. Date Received by State:	7. State Applicati	on identifier:			
8. APPLICANT INFORMATION:					
a. Legal Name: San Francisco Sta	te University				
b. Employer/Taxpayer Identification	Number (EIN/TIN):	* c. Organ	izational DUNS:		
931137247		94251498	5		
d. Address:					-
* Street1: 1600 Holloway	Avenue, ADM 469				
Street2:					
* City: San Francisco					
County:					
• State:		C	A: California		
Province:					
* Country:		USA: UNITE	STATES		
* Zip / Postel Code: 04132				,	
e. Organizational Unit:					
Department Name:		. Division N	lame:		
Research & Sponsored Programs		SF Bay N	IERR/COSE	- Marie - Mari	
f. Name and contact information of	f person to be contacted o	n matters inv	olving this appi	lication:	
Prefix: Dr.	* First Na	ame: Kennet	n		
Middle Name:					
*Last Name: Paap					
Sufflx:					
Title: Associated Vice President					
Organizational Affiliation:					
Research and Sponsored Programs			<u></u>		
* Telephone Number: 415-338-7091			Fax Number:	415-338-0531	- to the transfer of the trans
* Email: kenp@sfsu.edu					

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
H: Public/State Controlled Institution of Higher Education	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
·	
• 10. Name of Federal Agency:	
National Oceanic and Atmospheric Administration	
11. Catalog of Federal Domestic Assistance Number:	
11,420	
CFDA Title:	
Coastal Zone Management Estuarine Research Reserves] .
* 12. Funding Opportunity Number:	
NOS-OCRM-2006-2000575	
* Title:	7
FY06 National Estuarine Research Reserve Operations	
13. Competition Identification Number:	
Title:	
	7
14. Areas Affected by Project (Cities, Countles, States, etc.):	
San Francisco Bay Area, CA	٦
San Francisco Bay Alea, OK	
* 16. Descriptive Title of Applicant's Project:	
San Francisco National Estuarine Research Reserve Operations]
Attach supporting documents as specified in agency instructions.	
Add Attachments Delete Attachments Wew Attachments	

Application	for Federal Assistance SF-424	Version 02
16. Congression	onal Districts Of:	
* a. Applicant	8 * b. Program/Project 1,6	
Attach an addition	ional list of Program/Project Congressional Districts if needed.	
	Dolete Attachment Very Attachment	
17. Proposed P	Project:	
a. Start Date:	07/01/2006 * b. End Date: 12/31/2007	
18. Estimated F	Funding (\$):	
* a. Federal	545,000.00	
* b. Applicant	. 233,573.00	
* c. State	0.00	
* d. Local	0.00	
* e. Other	0.00	
* f. Program Inc	ocome 0.00	
* g. TOTAL	778.573.00	
b. Program is c. Program is 20. Is the App Yes 21. *By signing herein are true comply with an may aubject me ** I AGREE ** The list of car specific instruction	rtifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency tions.	
Authorized Rop	prosentative:	
1	Dr. First Name: Kenneth	70.50
Middle Name:		
	Раар	
Suffix:		
* Title: Associ	clate Vice President	
Telephone Num	mber: 415-338-7091 Fax Number: 415-338-0531	
* Email: kenp	p@sfau.edu	
* Signature of Au	uthorized Representative: Completed by Grants gov upon submission.	

Application for Federal Assistance SF-424	Version 02						
* Applicant Federal Debt Delinquency Explanation							
The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.							
	·						
	,						

rsion	

APPLICATION FOR					Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Iden	tifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Applicat	ion Identifier
Application	Pre-application	4. DATE RECEIVED BY	FEDERAL AGE	NCY Federal Identif	ier
Construction	Construction	THE RESERVED BY			
Non-Construction 5. APPLICANT INFORMATION	Non-Construction		2000		
Legal Name:			Organizationa	l Unit:	
Pixley PUD			Department:		
Organizational DUNS:			Division:		
102312	423				
Address:				phone number of pe application (give are	rson to be contacted on matters
Street: PO Box 535			Prefix:	First Name: William	a codo)
City: Pixley			Middle Name		
County: 054 Tulare			Last Name Van Scyoc		
State: CA	Zip Code 93256		Suffix:		
Country: USA			Email: ppud_7@msn		
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number	(give area code)	Fax Number (give area code)
94-1522677			(559) 757-3878	3	(559) 757-3459
8. TYPE OF APPLICATION:	1		7. TYPE OF A	PPLICANT: (See bac	k of form for Application Types)
☑ Nev	v Continuatio	n Revision	G. Special Dist	rict	
If Revision, enter appropriate lett	er(s) in box(es)		1 '		
(See back of form for description	or letters.)		Other (specify)		
Other (specify)				EDERAL AGENCY: Development, Rural Uti	ility Service
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPT	IVE TITLE OF APPLI	CANT'S PROJECT:
		10-760	Pixley PUD W	astewater Treatment a	and Disposal Facility Improvement
TITLE (Name of Program):			Project		
12. AREAS AFFECTED BY PR		s, States, etc.):			
Unincorporated town of Pixley,	Tulare County		11 0011005	OLONIAL DIGEDIOTO	O.F.
13. PROPOSED PROJECT Start Date:	Ending Date:		a. Applicant	SIONAL DISTRICTS	b. Project
9-1-2006	9-1-2007		21		21
15. ESTIMATED FUNDING:					REVIEW BY STATE EXECUTIVE
a. Federal \$		00	ORDER 12372	PROCESS? IIS PREAPPLICATION	V/APPLICATION WAS MADE
b. Applicant \$	A STATE OF THE STA	2,095,000	J ^{a. res.} ≱l A∖		ATE EXECUTIVE ORDER 12372
The second secon	-N/ED	·			
c. State REC	INED	2,000,000	DA	ATE: April 4, 2006	
d. Local APR \$	0 2006	.00	b. No. 🔲 PF	ROGRAM IS NOT COV	/ERED BY E. O. 12372
e. Other \$.00	l FC	R REVIEW	T BEEN SELECTED BY STATE
f. Program IncomSTATE CLE	ARING HOUSE	.00	17. IS THE AP	PLICANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL \$	and the control of th	4,095,000		" attach an explanatior	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY OF	PLICATION/PRE THE APPLICAN	APPLICATION ARE T T AND THE APPLICA	TRUE AND CORRECT. THE NT WILL COMPLY WITH THE
a. Authorized Representative		11 Nor Inch'			
Prefix Mr.	First Name William			Middle Name	
Last Name Van Scyoc			A2000/#-19910-1-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Suffix	
b. Title				c. Telephone Number 559/757-3878	(give area code)
d. Signature of Authorized Repre	sentative	2r		e. Date Signed	
Previous Edition Usable					Standard Form 424 (Rev.9-2003)

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· · · · · · · · · · · · · · · · · · ·							
APPLICATION FOR			O BANK GURANAN			Version 7/03	
		2. DATE SUBMITTED 03/13/06	03/13/06		Applicant Identifier		
1. TYPE OF SUBMISSION: Application	Pre-applica	ation	3. DATE RECEIVED B	Y STATE	State App	lication Identifier	
☑ Construction	Constru	uction	4. DATE RECEIVED 9	Y FEDERAL AGE	NCY Federal Id	entifier	
Non-Construction	☐ Non-Cor						
5. APPLICANT INFORMATION Legal Name:				Organization	al Unit:		
	u Osmilse Di	_4		Department:			
Christian Valley Park Communit Organizational DUNS:	y Service Di	strict		Board of Direct Division:	tors		
00706852-1							
Address: Street:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	A PROPERTY TOTAL	Name and tel	ephone number o application (give	f person to be contacted on matters area code)	
3333 Christian Valley Rd		RE	CEIVED	Prefix: Mrs	First Name Mary Lou	e:	
City: Aubum		AP	R_0 6 2006	Middle Name			
County: Placer				Last Name Aube			
State: CA	Zip Code 95602	STATE C	CLEARING HOUSE	Suffix:			
Country: United States			A CONTRACTOR OF THE PROPERTY O	Email: raube@softco	m,net		
6. EMPLOYER IDENTIFICATIO	N NUMBER	(EIN):		Phone Numbe	of (give area code)	Fax Number (give area code)	
23-7347576]			530-878-7952		530-889-6282	
8. TYPE OF APPLICATION:				7. TYPE OF A	PPLICANT: (See	back of forn for Application Types)	
Nev If Revision, enter appropriate lett		Continuation	n 🗀 Revision	G-Special Dist	trict		
(See back of form for description		ου,	П	Other (specify)			
Other (specify)				9. NAME OF I	FEDERAL AGENC Development	Y:	
10. CATALOG OF FEDERAL	OMESTIC .	ASSISTANC	E NUMBER:	I	,	PLICANT'S PROJECT:	
			10-760	Main Line Wa	ter Extension-Gayl	e Loop	
TITLE (Name of Program):							
12. AREAS AFFECTED BY PR	OJECT (Citi	ies, Counties	s, States, etc.):				
Unincorporated area of Christian	n Valley Par	k CSD, Plac	er County, CA				
13. PROPOSED PROJECT					SSIONAL DISTRIC		
Start Date: 06/06	Ending C 09/06	Pate:		a. Applicant4th		b. Project 4th	
15. ESTIMATED FUNDING:				16. IS APPLIC	PPACERRA	TO REVIEW BY STATE EXECUTIVE	
a. Federal \$			1,310,000	a Vac T	HIS PREAPPLICAT	TION/APPLICATION WAS MADE	
b. Applicant \$			1,310,000		ROCESS FOR REV	SIATE EXECUTIVE ORDER 12372	
c. State 5			. 00	0,	ATE:		
d. Local \$.00	b. No. 🥰 Pi	ROGRAM IS NOT	COVERED BY E. O. 12372	
e. Other \$. Dal		R PROGRAM HAS OR REVIEW	NOT BEEN SELECTED BY STATE	
Program Income S			, lxu			QUENT ON ANY FEDERAL DEBT?	
g. TOTAL \$			1,310,000	Yes If "Yes	s" attach an explana	ation.	
18, TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZ	ED BY THE	, ALL DATA IN THIS AI GOVERNING BODY O	PPLICATION/PRE THE APPLICAN	EAPPLICATION AS IT AND THE APPL	RE TRUE AND CORRECT. THE ICANT WILL COMPLY WITH THE	
a. Authorized Representative					Middle No.		
Prefix Mrs	First Name Mary Lou				Middle Name		
Last Name Aube		-			Suffix		
b. Title Director					c. Telephone Num 530-878-7952	ber (give area code)	
d. Signature of the priced Paper	sentate d				e. Date Signed		
- IN WAY THE	MIM				3/13/06		

Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

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4-8-04

PART I - FACE SHEET

APPLICATION FOR FE	-DEIVAL	A00101A110	Non-Cont	struction R	CENTED		
I. DATE SUBMITTED TO CORPORATION OR NATIONAL AND COMMUNITY ERVICE (CNCS):	D TO CORPORATION 3. DATE RECEIVED BY STATE:		STATE APPI		APR 0 6 2006		
APPLICATION (D:	4, DATE RECE	IVED:	GRANT NUI	SIALE	STATE CLEARING HOUSE		
04SR043353 APPLICATION INFORMATION		100 (410-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-					
EGAL NAME: Riverside County Office on Agin	P	NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Fran Forguson					
DDRESS (give street address, city, state and 6296 Rivercrest Dr Suite K Riverside CA 92507 EMPLOYER IDENTIFICATION NUMBER (E		TI F	ELEPHONE NUMBER: 760-3 AX NUMBER: 760-340-9585 NTERNET E-MAIL ADDRESS TYPE OF APPLICANT:	S: #Erguso@co.riverside.ca	,zu,		
956000930 B. TYPE OF APPLICATION:			a. Local Clovernment - County b.				
NEW X CONTINUE REVISION If Revision, enter appropriate letter(s) in box(s A. Increase Award D. Decrease Duration		se Duration					
/		6	NAME OF FEDERAL AGE!	NCY: National and C	ommunity Service		
10a. CATALOG OF FEDERAL DOMESTIC AS 10b. TITLE: Retired and Senior Volunteer Pro 12. AREAS AFFECTED BY PROJECT (List C Cathedral City, Coochella, Desert Hot Springs Desert, Pulm Springs, Rancho Mirage, Thermal	ogram Otles, Counties, Sto I, Indian Wells, Indi	aloz, etc):	1. DESCRIPTIVE TITLE OF A Coachella Valley RSVP	applicant's projec	`		
3. PROPOSED PROJECT; START DATE: 0	7/01/01 ENU	DATE: 06/30/04 1	4. PERFORMANCE PERIOD): START DATE:	END DATE:		
15. ESTIMATED FUNDING: a. FEDERAL b. APPLICANT	\$ 73,828.0 \$ 96,672.0	<u>o</u>	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? X YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR				
C. STATE \$ 0.00 4. LOCAL \$ 56,986.00			RÉVIEW ON: DATE: 28-APR-03				
g. OTHER \$ 39,686,00			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?				
1. PROGRAM INCOME g. TOTAL 18. TO THE BEST OF MY KNOWLEDGE AND DULY AUTHORIZED BY THE GOVERNING	\$ 0.0 \$ 170,500.0 D BELIEF, ALL DA	00	YES IT YES	, attach an explanation.	X NO		
	POUT OF INCA	TEMPARE AND THE ACT	1 :				
IS AWARDED. a. TYPED NAME OF AUTHORIZED REPRES	SENTATIVE:	b. TITLE:		c. TELEPHO	ONE NUMBER:		

APR-06-2006 11:51AM

APPLICATION FOR					Version 7/03		
FEDERAL ASSISTANCE	•	2. DATE SUBMITTED		Applicant Iden	tifier		
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED B	Y STATE	State Applicat	State Application Identifier		
☐ Construction	Construction	A DATE RECEIVED B	Y FEDERAL AGEN	ICY Federal Identif	fier		
Non-Construction	Non-Construct	den APR 04	2006				
S. APPLICANT INFORMATION							
Legal Name:			Organizational Department:	Unit:			
City of Alturas			` Fin	e Department			
Organizational DUNS: 8398963	42		Division:				
Address:					rson to be contacted on matters		
Street:	l D	FOEWED	involving this a	ipplication (give are First Name:	a codo)		
103 South Howard St.	H	ECEIVED	Mr.		ugene		
City: Alturas		ADD A c sono	Middle Name Ke	elth			
County:		APR 0 6 2906	Last Name				
Modoc State:	Zip Code CTAT		Suffix:	lues			
Ca.	Zip Code genoTAT	E CLEARING HOUSE					
Country: U.S.A.	***************************************	TO THE REAL PROPERTY OF THE PR	Email: keithj@c	itlink.net			
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number	(give area code)	Fax Number (give area code)		
94-6000290	1		530-233-5596				
8. TYPE OF APPLICATION:			7. TYPE OF AP	PLICANT: (Šee baci	k of form for Application Types)		
₽ Nev		ation Revision	C- municipal	C- municipal			
If Revision, enter appropriate let (See back of form for description			Other (specify)				
Other (specify)			9. NAME OF FE United States D	DERAL AGENCY: epartment of Agricult	ture Rural Development California		
10. CATALOG OF FEDERAL I	DOMESTIC ASSIST	ANCE NUMBER:		VE TITLE OF APPLI			
		10-766			Equipment to replace tumout		
TITLE (Name of Program):				coats, pants, and boots that are fifteen to twenty years old and outfit our volunteers with bunker gear that meets nationally recognized safety			
	nmunities Facilities		standards, OSHA, and NFPA 1911.				
12. AREAS AFFECTED BY PR	OJECT (CINES, COU	inties, States, etc.):					
City of Alturas			44 00100000	MANAL DISTOUCTS	OE:		
13. PROPOSED PROJECT Start Date:	Ending Date:		a. Applicant	IONAL DISTRICTS	b. Project		
04/01/06		31/06	4		4		
16. ESTIMATED FUNDING:			16. IS APPLICA ORDER 12372 P		REVIEW BY STATE EXECUTIVE		
a. Federal \$		44.050	THIS	S PREAPPLICATION	/APPLICATION WAS MADE		
b. Applicant \$	· · · · · · · · · · · · · · · · · · ·	41,250 w		VILABLE TO THE STA OCESS FOR REVIEW	ATE EXECUTIVE ORDER 12372		
		13,750			VOI		
c. State 5		.00	DAT	E: 04/01/06			
d. Local \$		<u>u</u> u	b. No. T PRO	GRAM IS NOT COV	ERED BY E. O. 12372		
e. Other \$		00	☐ OR		T BEEN SELECTED BY STATE		
f. Program Income \$		ou		REVIEW LICANT DELINQUEI	NT ON ANY FEDERAL DEBT?		
g. TOTAL. \$		55,000	— □ Yes If "Yes" :	attach an explanation	. Ø No		
18. TO THE BEST OF MY KNO	WLEDGE AND BEI		1	•			
DOCUMENT HAS BEEN DULY	AUTHORIZED BY	THE GOVERNING BODY OF	THE APPLICANT	AND THE APPLICA	NT WILL COMPLY WITH THE		
ATTACHED ASSURANCES IF a. Authorized Representative	I ME ASSISTANCE	IS AWARDED.					
Prefix Mr.	First Name Eugen		N	liddle Name Keith			
Last Name		· · · · · · · · · · · · · · · · · · ·	s	uffix	<u> </u>		
Jacques b. Title				Telephone Number	(give area code)		
Fire Chief	rontolis a	7		530-233-5596	·- · ·		
d. Signature of Authorized Repre	sentative 2	<u> </u>	je.	Date Signed			

FEDERAL ASSISTANC	E	2. DATE SU	BMITTED	5706	Applicant	Version
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RE			State App	lication Identifier
Construction	Construction	4. DATE RE	CEIVED BY	FEDERAL A	GENCY Federal Id	tentifier
Non-Construction	Non-Construction					
5. APPLICANT INFORMATION Legal Name:	<u> </u>			Organizatio	Dal Linit:	18.0
Arbuckle Volunteer Fire De	partment			Department		
Organizational DUNS:	F-Millorit			Division:	Arbuckle Fire Dep	partment
Address:			93584720	Name and t	elentrone number o	f person to be contacted on matt
Sireet: 506 Lucas Street	RECEN	VED		involving th	ils application (give	area code)
P. O. Box 727 Cily:		70.77	-	Prefix:	First Nam	e: Vrada
^ Arbu alda	APR 0 5	2006		Middle Nam	Charlette	1 11
Colusa	STATE CLEARIN	0.110110=	Phila	Last Name	_auppe ,	
Slate: CA	Zp Code	G-HOUSE-	05040	Suffix:	- auppe	
Country;			95912	Email:		
USA 6. EMPLOYER IDENTIFICATION	N NUMBER (EIM).			arbud	klefire@frontierne	
23-7408569					er (givè area code)	Fax Number (give area code)
I. TYPE OF APPLICATION:				530-476-22		530-476-3031
_ Nev	Continuation	∏ Revi	lalon			back of form for Application Types)
Revision, enter appropriate lett see back of form for description	er(s) in box(es) of letters.)	. 1,_1 1424			It Organization	
Other (specify)				Other (specify	•	
				9. NAME OF	FEDERAL AGENCY	
0. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE	E NUMBER:		11. DESCRIF	TIVE TITLE OF API	U.S.D.A. Rural Development
TTI E ALL		10-7	66	Renovation	of existing adjace	ent structure for fire apparatus
ITLE (Name of Program); ire & Rescue Community F:	scilities Grant		المات	emergency	se fire engines and fire and rescue se	I deploy equipment for projects, located at 209 Fifth
2. AREAS AFFECTED BY PRO	DJECT (Cities, Counties,	States, etc.):		Street, Arbi	ickle on the corne	r of Lucas Street and Fifth Stree
Ire District inclunding uninc 3. PROPOSED PROJECT	orporated rural towns					
lart Date:	Ending Date:			14. CONGRE	SSIONAL DISTRICT	
9/26/2005 5. ESTIMATED FUNDING:	12/31/2	006		a. Applicant		b. Project
				16. IS APPLI	CATION SUBJECT	O REVIEW BY STATE EXECUTIV
Federal \$		60500		NOT KIT	HIS PREAPPLICATION	ON/APPLICATION WAS MADE
Applicant 5		- 0	o -	· · · · A	VAILABLE TO THE S ROCESS FOR REVI	STATE EXECUTIVE ORDER 12272
State \$		69500	-			LTT VIV
Local \$		20000			ATE: 4/6/06	
Olher &		40000	t). No. 🗀 Pl	ROGRAM IS NOT CO	OVERED BY E. O. 12372
		, u	,		R PROGRAM HAS N OR REVIEW	OT BEEN SELECTED BY STATE
TOTAL		a	1	7. IS THE AP	PLICANT DELINQU	ENT ON ANY FEDERAL DEBT?
TOTAL		190,000		□ 1.√		
TO THE BEST OF MY KNOW	LEDGE AND BELIEF, A		THIS APPLI	CATION/DOE	altach an explanation	TRUE AND CORRECT. THE
TO THE MODURATION IN THE	UTHORIZED BY THE GO IE ASSISTANCE IS AWA	OVERNING B	ODY OF TH	E APPLICAN	T AND THE APPLIC	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE
TO TOTAL POOL TO THE POPULATION	Irst Name	NDED.				
I Name	Casey				Middle Name Joel	
Çox					Suffix	
itle Fire Chief					Telephone Numbe	F (glvs comp and -)
ignature of Authorized Repress					030-4/0-2231	(Rive Blas Code)
vious Edition Usable	- BX			ľ	. Date Signed	5/01
horized for Local Reproduction					4 1	5106

APPLICATION FOR					Version 7/03	
FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Iden	tifier	
1. TYPE OF SUBMISSION:		March 31, 2006 3. DATE RECEIVED BY	STATE	State Applicati	State Application Identifier	
Application	Pre-application			0)/ = / /// ///		
☐ Construction	☑ Construction	4. DATE RECEIVED BY	FEDERAL AGEN	CY Federal Identif	ier	
☐ Non-Construction	Non-Construction					
5. APPLICANT INFORMATION Legal Name:			Organizational	Unit:		
	•		Department:	-		
The Arc of Butte County, Inc			Division:			
Organizational DUNS: 021186499						
Address:					rson to be contacted on matters	
Street: 2030 Park Avenue			Prefix:	pplication (give area	a code)	
			Mr.	Michael		
City: Chico			Middle Name Dean	•		
County: Butte			Last Name McGinnis	32.11.		
State: California	Zip Code 95928		Suffix:			
Country: USA			Email: michaeldmcginn	is@sbcglobal.net		
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number (Fax Number (give area code)	
94-1746468]		530 891-5865		530 891-5876	
8. TYPE OF APPLICATION:			7. TYPE OF API	PLICANT: (See back	of form for Application Types)	
☑ Nev		n 🔲 Revision				
If Revision, enter appropriate lett (See back of form for description	er(s) in box(es)		Other (specify)			
(See back of lotti for description			Non-Profit Agend			
Other (specify)			9. NAME OF FE USDA, Rural De	DERAL AGENCY: velopment		
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTANC	CE NUMBER:	11. DESCRIPTIV	VE TITLE OF APPLI	CANT'S PROJECT:	
		1 0 -7 6 6	Adult Day Cente			
TITLE (Name of Program):			Adult Work Activ			
12. AREAS AFFECTED BY PR	O IECT (Cities Counties	s States etc.):	Administrative	mices		
Butte, Glenn, Tehama Counties		3, 014100, 010.7.				
13. PROPOSED PROJECT		· · · · · · · · · · · · · · · · · · ·	14. CONGRESS	IONAL DISTRICTS	OF:	
Start Date:	Ending Date:	N. W. S. C.	a. Applicant		b. Project	
4/1/06	4/1/08		District Two	TION OUR IFOT TO	District Two REVIEW BY STATE EXECUTIVE	
15. ESTIMATED FUNDING:			ORDER 12372 P	ROCESS?		
a. Federal \$		1,600,000			N/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372	
b. Applicant \$.00		DCESS FOR REVIEW		
	SECEN/FF) \ 00		E: April 3, 2006		
c. State	1EULIVE			, ,	/EDED DV = 0 40070	
d. Local \$	APR 0 5 2006		b. No. 🗖 PRO	GRAM IS NOT COV	/ERED BY E. O. 12372	
e. Other \$	=	\ ·		PROGRAM HAS NO R REVIEW	T BEEN SELECTED BY STATE	
f. Program Income \$.	TATE CLEARING HO	OUSE			NT ON ANY FEDERAL DEBT?	
g. TOTAL \$		1,600,000	Yes If "Yes"	attach an explanatio	n. 📮 No	
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF	, ALL DATA IN THIS API	LICATION/PREA	PPLICATION ARE	TRUE AND CORRECT. THE	
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY OF	THE APPLICANT	AND THE APPLICA	NT WILL COMPLY WITH THE	
a. Authorized Representative	-		la la	Aiddle Now -		
Prefix Mr.	First Name Michael			1iddle Name Dean		
Last Name McGinnis			S	Suffix		
b. Title		11/11/20		. Telephone Number 530 891-5865	(give area code)	
Executive Director	esentative 7	100	~ _ e	. Date Signed		
d. Signature of Authorized Repr	Mia	he my		March 31, 2006	Standard Form 424 (Pov 0. 2002)	

APPLICATION FOR						Version 7/03	
FEDERAL ASSISTANCE	=	2. DATE SU	BMITTED	(a	Applicant Ider	ntifier	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RE	CEIVED BY		State Applicat	State Application Identifier	
Construction	Construction	4. DATE RE	4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier		
Non-Construction	Non-Construction						
5. APPLICANT INFORMATION Legal Name:				Organizational Unit			
The Regents of the University of	of California			Department: Institute of Marine Sc			
Organizational DUNS: 12-508-4723				Division: Physical and Biologic	al Sciences		
Address:						rson to be contacted on matters	
Street:				involving this applic Prefix:	First Name:	a code)	
1156 High Street City: Santa Cruz				Dr. Middle Name	David		
				1			
County: Santa Cruz				Last Name Casper			
State: CA	Zip Code 95064			Suffix:			
Country: USA				Email: dcasper@ucsc.edu			
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):			Phone Number (give a	area code)	Fax Number (give area code)	
94-1539563			_	831.459.3135		831.459.3383	
8. TYPE OF APPLICATION:				7. TYPE OF APPLIC	ANT: (See bac	k of form for Application Types)	
Ne If Revision, enter appropriate let		n 🏻 Rev	vision			1	
(See back of form for description		П		Other (specify)			
Other (specify)		_,		9. NAME OF FEDERAL AGENCY; NOAA			
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	E NUMBER:		11. DESCRIPTIVE T	TLE OF APPLI	CANT'S PROJECT:	
						ent of Stranding Response at	
TITLE (Name of Program): Marine Mammal Data Program	·	1 1-	4 [3][9]		ia Santa Cruz L	ong Marine Lab to Enable Live	
12. AREAS AFFECTED BY PE		s, States, etc.,):				
Central and Northern Calfornia	l						
13. PROPOSED PROJECT	[# P D :			14. CONGRESSION	AL DISTRICTS		
Start Date: 7/1/06	Ending Date: 6/30/07			a. Applicant		b. Project 17	
15. ESTIMATED FUNDING:		***************************************				REVIEW BY STATE EXECUTIVE	
a. Federal \$			00	ORDER 12372 PROC		VAPPLICATION WAS MADE	
b. Applicant \$		76,106	; [*] − ∞ − − − − − − − − − − − − − − − − −	a. Yes. M. AVAILAE		ATE EXECUTIVE ORDER 12372	
		25,378	00			VOIV	
c. State \$		0	•		April 4, 2006		
d. Local \$		0	.00	b. No. 🗍 PROGRA	AM IS NOT COV	/ERED BY E. O. 12372	
e. Other \$		0	.00	OR PRO		T BEEN SELECTED BY STATE	
f. Program Income \$		0				NT ON ANY FEDERAL DEBT?	
g. TOTAL \$		101,484	.00	Yes If "Yes" attac	h an explanation	n. 🗷 No	
	AUTHORIZED BY THE	GOVERNING	IN THIS APP B BODY OF T	LICATION/PREAPPL HE APPLICANT AND	CATION ARE 1	RUE AND CORRECT. THE INT WILL COMPLY WITH THE	
ATTACHED ASSURANCES IF a. Authorized Representative	THE MODIO I MINUE IS A	WARDED.	······				
Prefix Ms	First Name Cindy			Middle L	Name		
Last Name Plasman	···			Suffix	-		
b. Title Sr. Research Administrator	- 11				ephone Number 59.2520	(give area code)	
d. Signature of Authorized Repr	esentative/1 flasm	20-	DE	a Dat	e Signed	13/06	
Previous Edition Usable	(1000)	·	HE	CEIVED	1 1	Standard Form 424 (Rev.9-2003)	
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			STATE O				

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APPLICATION FOR FEDERAL ASSISTANCE	=	2. DATE SUBMITTED		Applicant Ider	Version 7/03
1. TYPE OF SUBMISSION:	_	3. DATE RECEIVED BY	STATE	State Applicat	
Application	Pre-application				
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGE	Federal Identi	
Non-Construction 5. APPLICANT INFORMATION	Non-Construction			3-00-1010-00-0	0020
Legal Name:			Organizationa	al Unit:	
City of Los Angeles, California			Department: Los Angeles H	lousing Department	
Organizational DUNS: 69928349			Division:		
Address:					rson to be contacted on matters
Street: 1200 W. Seventh Street, Fourth	Floor		Prefix:	application (give are First Name:	a code)
City: Los Angeles			Middle Name	Shahry	
County: Los Angeles			Last Name Deyhimy		
State: California	Zip Code 90017		Suffix:		
Country: United States			Email: sdeyhimy@lal	nd.lacitv.org	
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		 	r (give area code)	Fax Number (give area code)
95-6000735	7		(213) 808-893	1	(213) 808-8968
8. TYPE OF APPLICATION:			7. TYPE OF A	PPLICANT: (See bac	k of form for Application Types)
☑ Nev		n 🗌 Revision	C - Municipal		
If Revision, enter appropriate lett (See back of form for description		П	Other (specify)		
Other (specify)				EDERAL AGENCY: ent of Housing and Urb	an Development
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTANC	E NUMBER:	11. DESCRIPT	TIVE TITLE OF APPLI	CANT'S PROJECT:
TITLE (Name of Program): Emergency Shelter Grant Progr 12. AREAS AFFECTED BY PR		1 4 - 2 3 1 s, States, etc.):	comprehensiv including eme	rgency and transitional	am (ESGP) provides referral, and supportive services, housing to the homeless and including individuals and families.
Citywide - City of Los Angeles					
13. PROPOSED PROJECT	Tradian Data			SSIONAL DISTRICTS	· · · · · · · · · · · · · · · · · · ·
Start Date: 04/01/2006	Ending Date: 03/31/2007		a. Applicant 24-27, 28-33,	34-37, 38, 46	b. Project 24-27, 28-33, 34-37, 38, 46
15. ESTIMATED FUNDING:			16. IS APPLIC ORDER 12372		REVIEW BY STATE EXECUTIVE
a. Federal \$ b. Applicant \$	RECEIVED	3,159,024	a. Yes. 🛭 Th	IIS PREAPPLICATION	I/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
c. State \$	APR 0 4 2006	. 00		ATE:	VOIV
					/ERED BY E. O. 12372
d. Local	ATE CLEARING HO	USE O	D. No. ILI		
	All	. 00	L L FC	OR REVIEW	T BEEN SELECTED BY STATE
f. Program Income \$			17. IS THE AP	PLICANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL \$		3,159,024	1	" attach an explanation	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY OF			
a. Authorized Representative Prefix	First Name			Middle Name	
Last Name	Mercedes			Suffix	
Marquez o. Title	0.0	0			(give area code)
General Manager	esentative	all Pin		c. Telephone Number (213) 808-8808 e. Date Signed ?? 2	(give area code)
	Journalive	7 - X		S. Date Signed US	107/06
Previous Edition Usable Authorized for Local Reproductio	on Approved	as to Form and Le	gality		Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

March 7, 200 6

ROCKARD J. DELGADILLO, City Attorney

By July July 4

PPLICATION FOR EDERAL ASSISTANCE	=	2. DATE SUBMITTED		Applicant Identifier		
TYPE OF SUBMISSION:		3/16/06 3. DATE RECEIVED BY	STATE	State Applicat	ion Identifier	
pplication	Pre-application	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identi	fier	
Construction	☐ Construction ☐ Non-Construction	THE RESERVED OF				
Non-Construction APPLICANT INFORMATION						
gal Name:			Organizational Uni	t:		
e Regents of the University	of California		Department: University of Califor	nia Cooperative I	Extension	
ganizational DUNS: 0-459-1925			Division: Division of Agricultu			
idress:			Name and telepho involving this app	ne number of pe	erson to be (contacted on matters
eet: 11 Franklin Street, 6th Floor			Prefix:	First Name:	ea code)	
y:			Middle Name	Carol		
akland			Last Name			
ounty: _ameda			Berman Suffix:		<u> </u>	
ate: A	Zip Code 94607-5200					
ountry: SA			Email: Carol.Berman@uc	op.edu		
EMPLOYER IDENTIFICAT	ION NUMBER (EIN):		Phone Number (giv	e area code)		er (give area code)
94-603649			510-987-0050		510-587-6	
TYPE OF APPLICATION:			7. TYPE OF APPL	ICANT: (See ba	ck of form for	r Application Types)
⊠ N	ew Continuati	on 🔲 Revision	1			
Revision, enter appropriate li ee back of form for descripti	on of letters.)	\Box	Other (specify)			
ther (specify)			9. NAME OF FEDI USDA Rural Deve	ERAL AGENCY: lopment		
CATALOG OF FEDERA	DOMESTIC ASSISTAN	NCE NUMBER:	11. DESCRIPTIVE	TITLE OF APPI	LICANT'S P	ROJECT:
o. OATALOG OF TEDERO		10-769		le plan for the Pl	acerville Frui	t Growers Assocation
ITLE (Name of Program):			Cooperative			RECEIV
2. AREAS AFFECTED BY I	PROJECT (Cities, Count	ies, States, etc.):				APR 0 3 20
Placerville, CA						AINVOL
13. PROPOSED PROJECT			14. CONGRESSIO	DNAL DISTRICT	b. Project	OTATE OF EADING
Start Date: 04/01/06	Ending Date: 03/31/07		1		4	STATE CLEANING
E ESTIMATED FUNDING			16. IS APPLICAT ORDER 12372 PR	ION SUBJECT T	O REVIEW	Y STATE EXECUTIVE
a. Federal	SINF	70 972	a. Yes. Z THIS	PREAPPLICATION	ON/APPLICA	TION WAS MADE CUTIVE ORDER 12372
b. Applicant	RECEIVE	79,972		CESS FOR REVI		CUTIVE ORDER 12372
	kc.		DATE	<u>.</u>		
c. State		HOUSE \ "	PRO	GRAM IS NOT C	OVERED BY	E. O. 12372
d. Local	S FARING	HOUSE	D. NO. 11.			ELECTED BY STATE
e. Other	S STATE ULEARING	.00	U FOR	REVIEW		
f. Program Income	\$1. Maria Ma	•	17. IS THE APPL	ICANT DELINQ	JENTON AM	Y FEDERAL DEBT?
g. TOTAL	\$	90,766		ttach an explanat		No No
18. TO THE BEST OF MY POOCUMENT HAS BEEN DU ATTACHED ASSURANCES	ILY AUTHORIZED BY I	HE GOVERNING BODT C	APPLICATION/PREAI OF THE APPLICANT	PPLICATION AR AND THE APPLI	E TRUE ANI CANT WILL	CORRECT. THE COMPLY WITH THE
a. Authorized Representativ Prefix	e First Name Carol		М	iddle Name		
Last Name	Carol		Sı	ıffix		
Berman h. Title				Telephone Numb	oer (give area	code)
Director, Contracts & Grant		·		10-987-0050 Date Signed		
d. Signature of Authorized R	epresentative		e.	3/15/0	6	424 (Boy 0 200)

APPLICATION FOR				914-19-19-19-19-19-19-19-19-19-19-19-19-19-				
FEDERAL ASSISTAN	ICE	2. DATE SUBMITTED	de de la companya de La companya de la co	Applicant Identifier	in the second se			
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE AND LOS	State Application Identifier	and a transfer			
Application Construction	Preapplication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	M. Dimini			
Non-Construction 5. APPLICANT INFORMATION	Non-Construction		758 1 1 4 US	AND	· 1000 1000 2000 2000			
Legal Name:		A Company of the Comp	Organizational Unit:					
Cutler-Orosi Joint	Unified School	District	School Di	istrict	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
Address (give city, county, State, 12623 Avenue 416	and zip code):	are County	Name and telephone this application (give a	number of person to be conta rea code)	icted on matters involving			
Orosi, California			Carolyn W.					
6. EMPLOYER IDENTIFICATION			7. TYPE OF APPLICA	ANT: (enter appropriate letter	· []			
77 -0 56 5	3 2 6		A. State	H. Independent School Dist				
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution	n of Higher Learning			
X New	☐ Continuation	Revision	C. Municipal D. Township	J. Private University K. Indian Tribe				
If Revision, enter appropriate lette	or(e) in hov(ee)	1'	E. Interstate	L. Individual				
If Revision, enter appropriate letter	er(s) iii box(es)		F. Intermunicipal	M. Profit Organization				
7.11 111010000011111011	rease Award C. Increase	e Duration	G. Special District	N. Other (Specify)	2 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
D. Decrease Duration Other(s	specity):		9. NAME OF FEDERA	AL AGENCY:				
Astartian Commencer			USDA					
JE 5. 1 W. 12. 1	i i	-	to disks	r*				
10. CATALOG OF FEDERAL DO	DMESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PRO	JECT:			
	1 1 2 2 2 2	1 0 - 7 6 6	Childcare	Facility				
A STATE OF S				•	•			
TITLE: Community	<u>Facilities Gra</u>	nt	4					
12. AREAS AFFECTED BY PRO	DJECT (Cities, Counties, Ste	ites, etc.):		•	· report 8			
Orosi, Cutler, Ye	ttem. Badger, C	alifornia						
	14. CONGRESSIONAL DI				* * * *			
Start Date Ending Date 04/06 06/07	a. Applicant 20, 21		b. Project	,21				
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW BY	STATE EXECUTIVE			
and the state of t	1	00	ORDER 12372 PF	ROCESS?	$x \rightarrow x$			
a. Federal	\$ 5	0,000	a. YES. THIS PRE	APPLICATION/APPLICATIO	N WAS MADE			
b. Applicant	\$.00 ,	1	E TO THE STATE EXECUTI FOR REVIEW ON:	VE ORDER 12372			
c. State	EWED	.00		03-10-06	for the contract of			
12 14 15 14 15 15 15 15 15 15 15 15 15 15 15 15 15	0 0000	00	DATE					
d. Local APR	0 3 2006	,600	b. No. PROGRA	AM IS NOT COVERED BY E	. O. 12372			
	EANNE HOUSE	.00	OR PRO	GRAM HAS NOT BEEN SEL VIEW	ECTED BY STATE			
f. Program Income	-	.00	17 IS THE APPLICA	NT DELINQUENT ON ANY	FEDERAL DEBT?			
g. TOTAL	\$ 243	3,600	-	attach an explanation.	i: □ Sec DO No			
		•		•				
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE G	OVERNING BODY OF T	HE APPLICANT AND T	HE APPLICANT WILL COM	PLY WITH THE			
ATTACHED ASSURANCES IF		ARDED. b. Title		c. Telephone Number				
a. Type Name of Authorized Rep Frank Na Murphy		Superintende	ent <u>.</u> a san ar	559-528-4763	Maria Militaria Maria Maria Ma			
d. Signature of Authorized Repre			#	e. Date Signed March	8, 2006			
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ADDI IOATION EOD					Version 7/03		
APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTE	D	Applicant Iden	tifier		
1. TYPE OF SUBMISSION:		March 30, 2006 3. DATE RECEIVED	BY STATE	State Applicat	on Identifier		
Application	Pre-application	4. DATE RECEIVED	BY FEDERAL AGEN	ICY Federal Identif	fler		
Construction	Construction						
Non-Construction 5. APPLICANT INFORMATION	Non-Construction				- All		
Legal Name:			Organizational	Unit;			
Pinoleville Band of Pomo Indian	s		Department: Environmental i	Protection			
Organizational DUNS: 683647626			Division;				
Address:	DEGI	EIVED	Name and tele	phone number of pe	reon to be contacted on matters		
Street: 367 North State St., Suite 204	HEU	IVLU	Prefix:	pplication (give are	# Cogs)		
OUT HOLLT State St., State 20+	1 400 (3-2006	7,41,	Lenora			
City: Ukiah	APR		Middle Name				
County: Mendocino	STATE CLE	ARING HOUSE	Last Name Steele Suffix:		41.41		
State: CA	21p Code 95482		Suiix.				
Country: U.S.A.			Email: lenoras@pinole	eville-nsn.us			
6, EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number	(give area code)	Fax Number (give area code)		
68-0043296			707-463-1454		707-463-6601		
8. TYPE OF APPLICATION:	-l		7. TYPE OF AF	PLICANT: (See bac	k of form for Application Types)		
V Ne		n Revision	к				
If Revision, enter appropriate let (See back of form for description	of letters.)	П	Other (specify)				
Other (specify)	Ш	ب	9. NAME OF FI	EDERAL AGENCY: Protection Agency			
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:	11. DESCRIPT	IVE TITLE OF APPLI	CANT'S PROJECT:		
TITLE (Name of Program):		66-808		Developing Alternative Solid Waste Disposal Strategles for the Pinoleville Band of Pomo Indians			
12. AREAS AFFECTED BY PR	OJECT (Cities, Countie	s, Stetes, etc.):					
Mendocino County, State of Ca	lifomia						
13. PROPOSED PROJECT			14. CONGRES	SIONAL DISTRICTS			
Start Date:	Ending Date:		Applicant District 1 of Cal	lformia	b. Project District 1 of California		
October 1, 2006 15. ESTIMATED FUNDING:	September 30, 2007		16. IS APPLIC	ATION SUBJECT TO	REVIEW BY STATE EXECUTIVE		
a, Federal 5		ua	ORDER 12372	IS PREAPPLICATION	NAPPLICATION WAS MADE		
		97,093	BI. Yes. MED AV	AILABLE TO THE ST	ATE EXECUTIVE ORDER 12372		
b. Applicant 5		12,366	PR	OCESS FOR REVIE	N ON		
c. State S			DA	TE: March 30, 2006			
d. Local S			D. NO. 11 1		/ERED BY E. O. 12372		
e. Other \$	_	- Ju	' -' FO	R REVIEW	OT BEEN SELECTED BY STATE		
f. Program income \$			17. IS THE AP	PLICANT DELINQUE	NT ON ANY FEDERAL DEBT?		
g. TOTAL \$		109,459		attach an explanation			
18, TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY	OF THE APPLICAN	APPLICATION ARE T T AND THE APPLICA	TRUE AND CORRECT, THE ANT WILL COMPLY WITH THE		
a. Authorized Representative							
Prefix	First Name Leona			Middle Name			
Lael Name Williams				Suffix	-		
b. Title Chairperson				c. Telephone Number (give area code) 707-463-1454			
d. Signature of Authorized Repn	sontative Lam	٥		e. Date Signed 3/	29/06		
Previous Edition Usable Authorized for Local Reproduction				(Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102		

APPLICATION FOR						Version 7/03	
FEDERAL ASSISTANCE	Ĭ .		2. DATE SUBMITTED March 31, 2008		Applicant Identifier		
1. TYPE OF SUBMISSION: Application	Pre-applic	ation	3. DATÉ RÉCEIVED B				
☐ Construction	D Constr	uction	4. DATE RECEIVED B	Y FEDERAL AGEN	ICY Federal Identi	fle r	
☐ Non-Construction	1	nstruction					
5. APPLICANT INFORMATION							
Legal Name:				Organizational Department:	Unit:		
The Arc of Butte County, Inc		Post Post) Department.			
Organizational DUNS: 021186499		HE	CEIVED	Division:			
Address:		A D	7 // 9 0000		phone number of pe application (give are	rson to be contacted on matters	
Street: 2030 Park Avenue			२ ७ ४ २००६	Prefix: Mr.	First Name: Michael		
City: Chico		STATE C	LEARING HOUSE	Middle Name Dean	•		
County: Butte				Last Name McGinnis Suffix:			
State: California	Zip Code 95928	***************************************		Emeil:	TO THE REPORT OF THE PARTY OF T		
Country:					nls@sbcglobal.net		
6. EMPLOYER IDENTIFICATION	ON NUMBER	R (EIN):		Phone Number	(give area code)	Fax Number (give area code)	
94-174646	_			530 891-5865		530 891-5876	
8. TYPE OF APPLICATION:				7. TYPE OF AP	PLICANT: (See bac	k of form for Application Types)	
Z Ne	n	Continuatio	n 🔲 Revision				
If Revision, enter appropriate let	ter(s) in box		II E INOVISION	<u> </u>			
(See back of form for description	n of letters.)		П	Other (specify) Non-Profit Agen	ICV		
Other (specify)					DERAL AGENCY:		
		40010=414	of Waren		•	CANT'S PROJECT:	
10. CATALOG OF FEDERAL	DOMESTIC	A33131 ANG		Adult Day Cent		OART OT ROOMST.	
:			10-768	Adult Work Acti			
TITLE (Name of Program):				Administrative (
12. AREAS AFFECTED BY PE	ROJECT (Cit	ties, Countle	s, States, etc.):				
Butte, Glenn, Tehama Countle	6						
13. PROPOSED PROJECT				14. CONGRES	SIONAL DISTRICTS		
Start Date:	Ending	Date:		a. Applicant District Two		b. Project District Two	
4/1/06	4/1/08		A		ATION SUBJECT TO	REVIEW BY STATE EXECUTIVE	
15. ESTIMATED FUNDING:				ORDER 12372 F	PROCESS?		
a. Federal			1.600.000	a. Yes. 🗹 THI	IS PREAPPLICATION	N/APPLICATION WAS MADE TATE EXECUTIVE ORDER 12372	
b. Applicant			1,000,000		OCESS FOR REVIE	W ON	
a. Applicant			- 00		mm		
c. State	}				TE: April 3, 2006	#### DVE 0 40070	
d. Local	§ 	H 120	uu .	b. No. L		VERED BY E. O. 12372	
e. Other	ļ			LI FO	R REVIEW	OT BEEN SELECTED BY STATE	
f. Program Income			- 00	17. IS THE API	PLICANT DELINQUE	NT ON ANY FEDERAL DEBT?	
g. TOTAL	5		1,600,000		' attach an explanatio		
ATTACHED ASSURANCES IF	AUTHORIZ	ZED BY THE	GOVERNING BODY O	PPLICATION/PREA F THE APPLICAN	APPLICATION ARE	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE	
a. Authorized Regresentative	Fire! Now	<u> </u>		<u></u>	Middle Name		
Prafix Mr.	First Nam Michael			AMARIES I	Dean	TA hand to be a second to be a secon	
Last Name McGinnis				1000	Suffix		
b, Title Executive Director	,				c. Telephone Number 530 891-5865	r (give area code)	
d. Signature of Authorized Rep	resentative	7.	107-6	-	e. Date Signed	1 (1 pos	
		Mu	LUM		March 31, 2006		

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APPLICATION FOR		2				Version 7/03 (DFGs - 10/2005	
FEDERAL ASSISTANCE		2. DATE SUBMITTED			Applicant Idenimer		
		March 2					
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY S	TATE		State Application Iden	(lifier	
Application.	Pre-application				Federal Identifier		
Construction	Construction	4. DATE RECEIVED BY F	EDERAL AGEN	CY		50 D A 4 400	
Non-Construction	X Non-Construction		1		F-	50-R Amendment #20	
5. APPLICANT INFORMA	TION						
State of Califor	·nia		Organizati		: Fish and G	2ma	
Organizational DUNS:	1	~~~	Departme	nt			
	808322358		Division:	-,,		agement & Fed. Assistance	
Address:	Anda Nindh Danad	•	Name and to application (to be contaced on matters involving this	
Street:	1812 Ninth Street		1	.9140 11/04 (Caralin	
	Coorenants		Prefix:	~	First Name:	Carolyn	
City:	Sacramento		Middle Na			Murata	
County:	Sacramento Zin	Code: 95814	Last Name	2.		Murata	
Country:	US	3 Code: 33614	E-mail:	cmura	ta@dfg.ca.gov	4MAM.	
6. EMPLOYER IDENTIFICATION N			Phone Num			(*)/(, *	
~ '	UMBER (EIN);		- Frione Num		•	FAX Number (give area code)	
94-1697567					445-3559	(916) 445-4044	
8. TYPE OF APPLICATION:	<u>जि</u> .	- T-1	7. TYPE O			m for Application Types)	
New	X Continuation	XRevision		A. Sta	ate		
If Revision, enter appropriate letter(s		_					
(See back of form for description of the	elters:)	E	Other (spe	ecify)			
I DE	CEIVED					^	
Other (specify)			9. NAME OF FEDERAL AGENCY:				
10. CATALOG OF FEDERAL DOME	PR 0 2 2006		U.S. Department of Interior, Fish and Wildlife Service				
10. CATALOG OF FEDERAL DOME	STIC ASSISTANCE NUMBER:					CANT'S PROJECT:	
TITLE (Name of Program STATE CLESPON FISH RESTORATION ACT						inds to Project 3, Job 1: Ocean	
		ration Act	-1			Hatchery Program - to	
12. AREAS AFFECTED BY PROJEC	Statewide		supplem	ent the	program. Rev	ised Project Statement attached.	
13. PROPOSED PROJECT:			14. CONG	RESSIO	NAL DISTRICTS	OE.	
Start Date:	Ending Date:	-	a. Applicant		TAL DIOTAGOLD	b. Project	
7/1/2004	-	/30/2007	аг дрисан		3	_	
		00,200,	16 IS APP			99 Statewide EW BY STATE EXECUTIVE ORDER 12372	
15. ESTIMATED FUNDING	3 :		PROCESS?				
a. Federal	s	\$7 0E0 97E 00	_ \	M		ATTON/APPLICATION WAS MADE AVAILABLE	
	-	\$7 ,959,375.00	a. Yes.	\Box	PROCESS FOR RI	CECUTIVE ORDER 12372	
b. Applicant	\$				_		
c. State	\$	\$2,653,125.00			DATE: //W	uh 30, 2006	
d. Local	\$		1		DDCCDAMIC NOT	FAAVEDED BY E A 10070	
- 20001	Ψ		b. No.			COVERED BY E.O. 12372	
e. Other	\$				REVIEW ,	S NOT BEEN SELECTED BY STATE FOR	
f. Program Income	\$		17. IS THE A	PPLICATION	N DELINQUENT ON ANY	Y FEDERAL DEBT?	
9 TOTAL		10,612,500.00			ach an explanation.	□ No	
DULY AUTHORIZED BY THE	WLEDGE AND BELIEF, ALL I	DATA IN THIS APPLICA PPLICANT AND THE AP	TION/PREAF	PLICATIO	ON ARE TRUE AND (CORRECT. THE DOCUMENT HAS BEEN CHED ASSURANCES IF THE ASSISTANCE	
IN AWARDED,						ALIER VOODIGHAGE IVE VOOR HAGE	
a. Authorized Representation		<u> </u>	- W-				
Prefix	First Name		Middle Nar	ne	W	,	
Last Name	<u>Feli</u>	IX					
Laur Hallic	Arton	0.00	Suffix				
b. Title	Artea Chief, Grant Managerr	nent & Foderal	c Tolonh	ana Numet	per (give area code		
	Assistance		a reiebuc	ile Name	her (Aine gres code		
d. Signature of Authorized I	Representative / _	-/	e. Date Si	aned		(916) 327-0062	
ų	/ /) /			3.30.0	06	
Prayings Edition Health		1		_	000	- 0	